

Name
in
Full

William Adams

CERTIFICATE OF DEATH

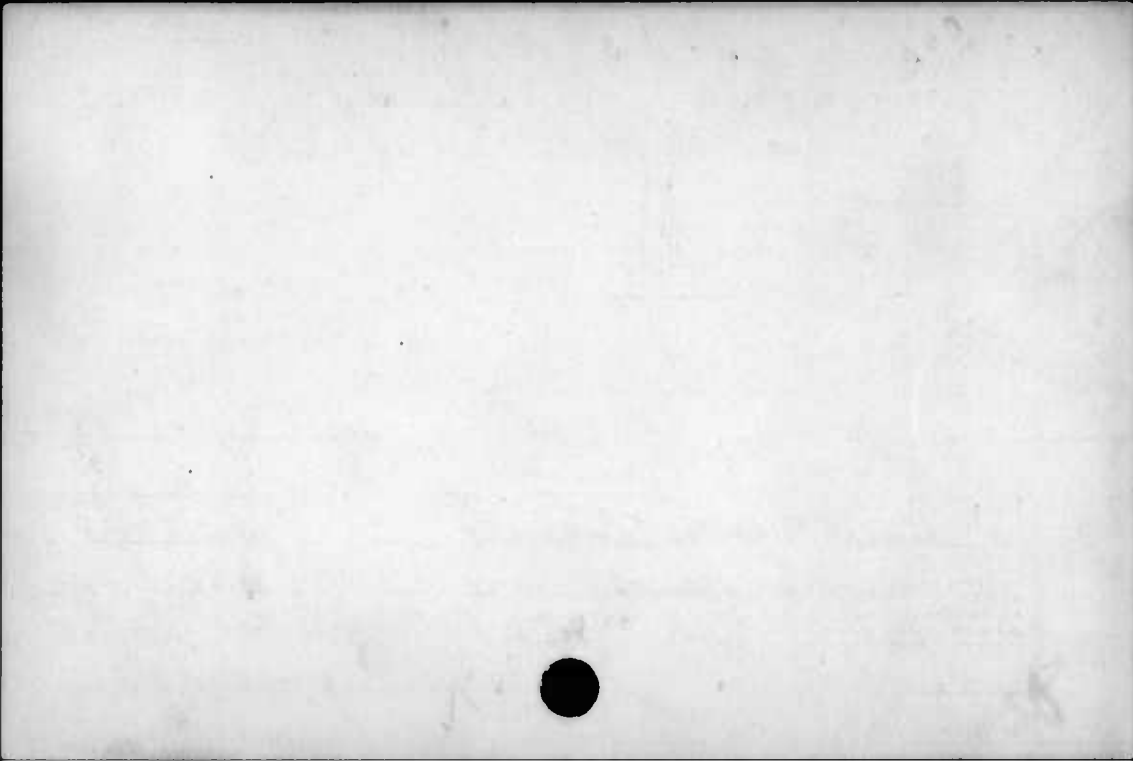
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Ch. Co.</i> ^{County}		MARYLAND	
Date of death <i>1907 Jan 16</i>		Age <i>54</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>12 Cornhill St</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hannie Adams</i>				
Father's Name <i>John Adams</i>	Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>Elizabeth Folks</i>	Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Hannie Adams</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral insufficiency</i>	How long <i>One Year</i>
Immediate <i>Heart Failure, (lost Compensation)</i>	How long <i>4 mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. P. Keefe</i>
	Address <i>60 Cathedral St. Annapolis, Md.</i>
Accident or Suicide?	



Name
in
Full

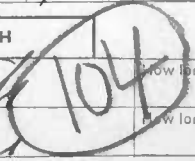

CERTIFICATE OF DEATH

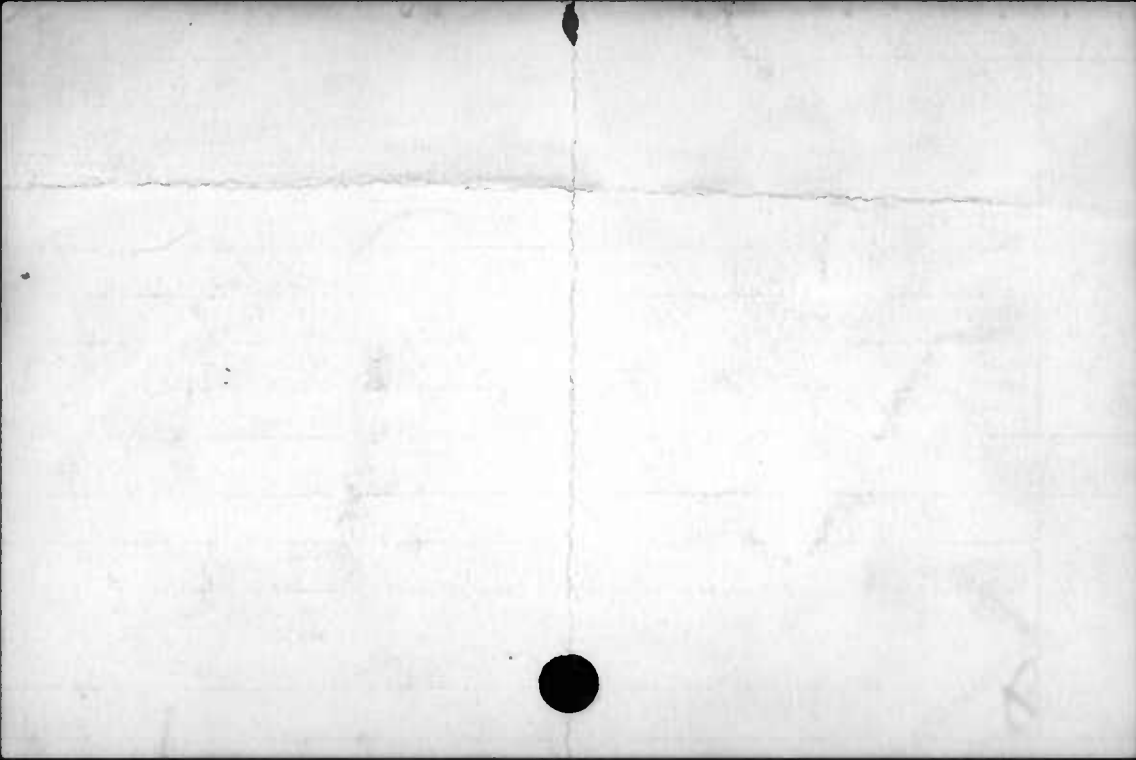
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waterbury</i> ^{Town}		<i>H. F. Funder</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>January</i> ^{Month}	<i>Friday</i> ^{Day}	<i>82</i> ^{Years}	<i>16</i> ^{Months}	<i>6</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Gundelsburg, Ind.</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Richarda Baldwin</i>				
Father's Name <i>Henry Furlong</i>	Father's Birthplace <i>Ballinacree</i>				
Mother's Maiden Name <i>Jane Soproni Carruthers</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Jane Baldwin Cotton</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Gastric Catarrh</i>	How long	<i>30 days</i>
Immediate	<i>Marasmus - Heart failure</i>	How long	<i>6 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>H. V. Bryant M.D.</i>	
		Address <i>Millersville, Md.</i>	
			
			
Accident or Suicide?			



Name
in
Full

Mary Bateman

CERTIFICATE OF DEATH

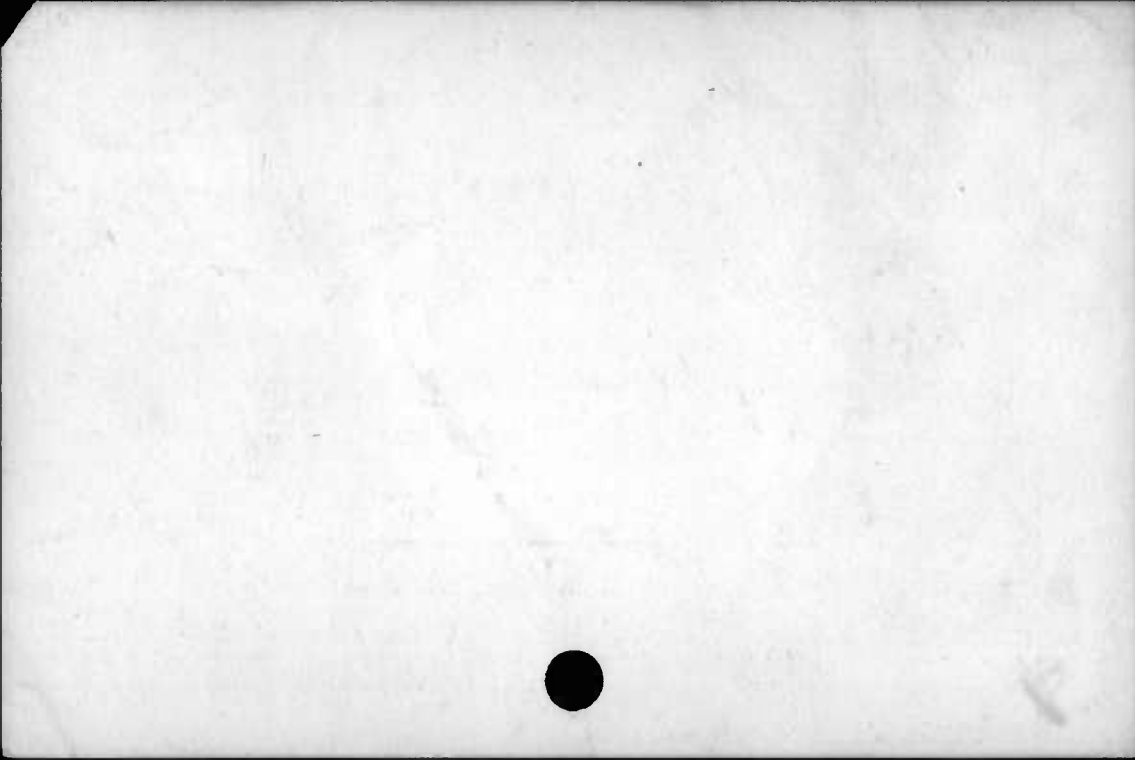
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Jan</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>5-8</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>Annapolis</i>			
Occupation <i>Domestic</i>	Where Residing if not a place of death <i>45-7th St.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles Bateman</i>				
Father's Name <i>William Coner</i>	Father's Birthplace <i>A.A.C.</i>				
Mother's Maiden Name <i>Emily Harris</i>	Mother's Birthplace <i>A.A.C.</i>				
Name of person giving information <i>Charles Bateman</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i> <i>(93)</i>	How long	<i>9 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. C. Kelly</i>	
		Address <i>60 Cathedral St. Annapolis Md</i>	
Accident or Suicide? <i>No</i>			



Name
In
Full

Maggie E. Boston

CERTIFICATE OF DEATH

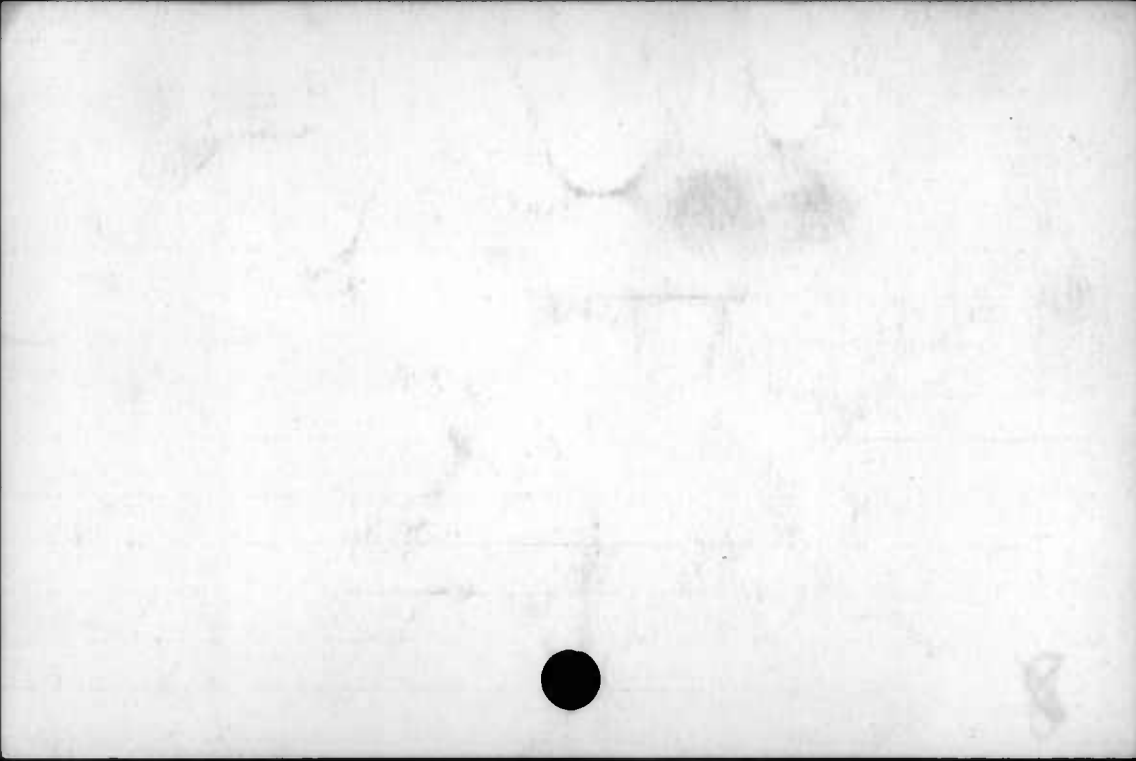
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>9th</i>	Age <i>30</i> Years	Months <i>9</i> Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>Annapolis</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Boston</i>		<input checked="" type="checkbox"/>		
Father's Name <i>John Adams</i>	Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>Isabell Crambell</i>	Mother's Birthplace <i>A.A. Co</i>				
Name of person giving information <i>John Adams</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonitis</i>	<i>(93)</i>	How long <i>8 days</i>
Immediate <i>Pneumonitis</i>		How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>As far as I know</i>		Signature of Physician <i>F. H. Thompson M.D.</i>
		Address <i>Annapolis Md</i>
<i>Accident or Suicide?</i>		



Name
in
Full

CERTIFICATE OF DEATH

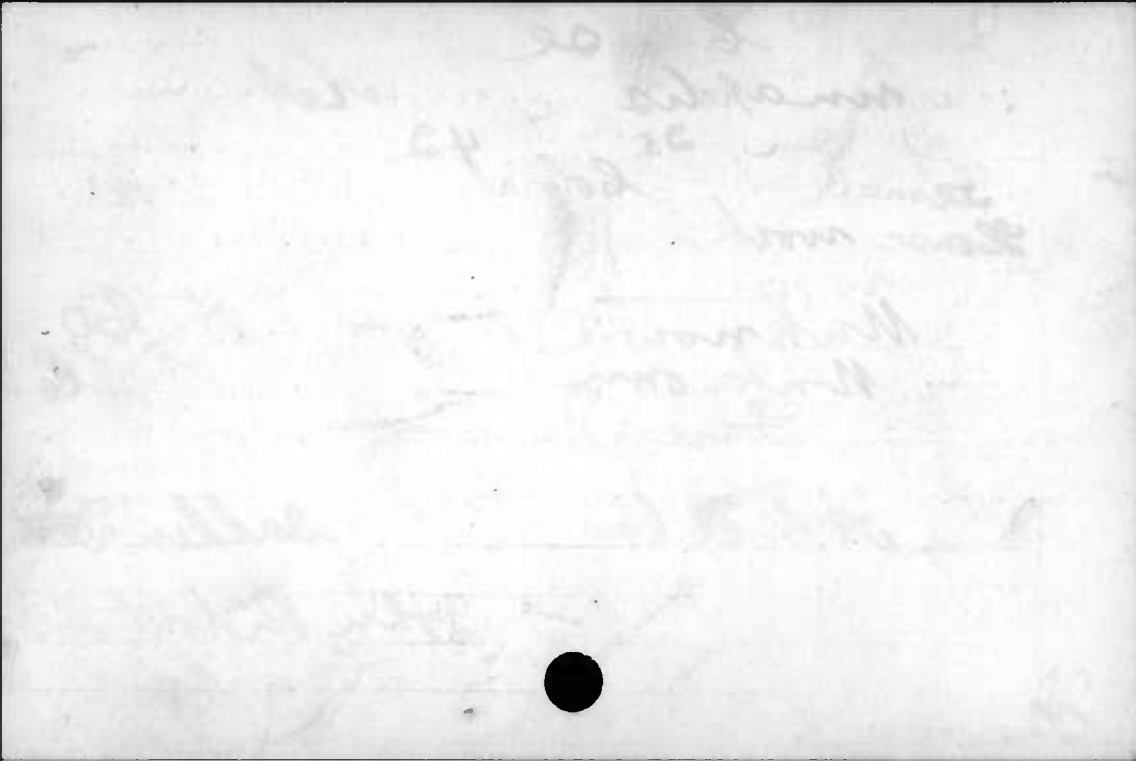
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>German Town</i> <i>Anne Arundel</i> <i>MARYLAND</i>	
Date of death <i>1907</i>	<i>January 16</i> <i>1866</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>German Town</i>
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>George R. Brown</i>
Father's Name <i>Sam'l Brown</i>	Father's Birthplace <i>South Carolina</i>
Mother's Maiden Name <i>"James" Green</i>	Mother's Birthplace <i>" "</i>
Name of person giving information <i>James Green</i>	How related to deceased <i>friend</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

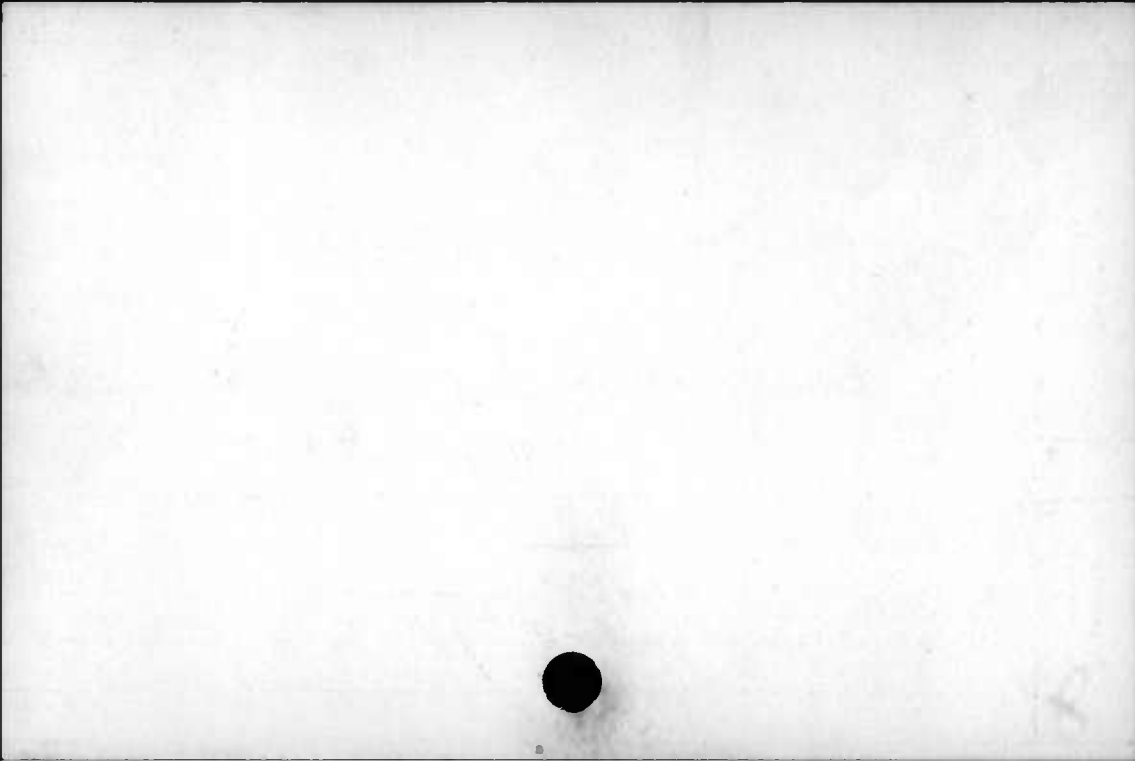
Primary <i>Senility</i>	<i>154</i> <i>Months</i>
Immediate <i>Exhaustion</i>	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John H. Adams</i>
<i>Yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
Jane Chase		Town Annapolis		County A.A.	
Died at		Month Jan		Days 25th	
Date of death 1907		Age 42		Years 42	
Sex Female		Color or Race Colored		Birth-place Md	
Occupation House-work		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Unknown		Father's Birthplace A.A. 60			
Mother's Maiden Name Unknown		Mother's Birthplace A.A. 60			
Name of person giving information Friend		How related to deceased			
CAUSES OF DEATH					
Primary		Apoplexy (H) Sudden Death			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout, M.D.			
		Address Annapolis, Md.			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

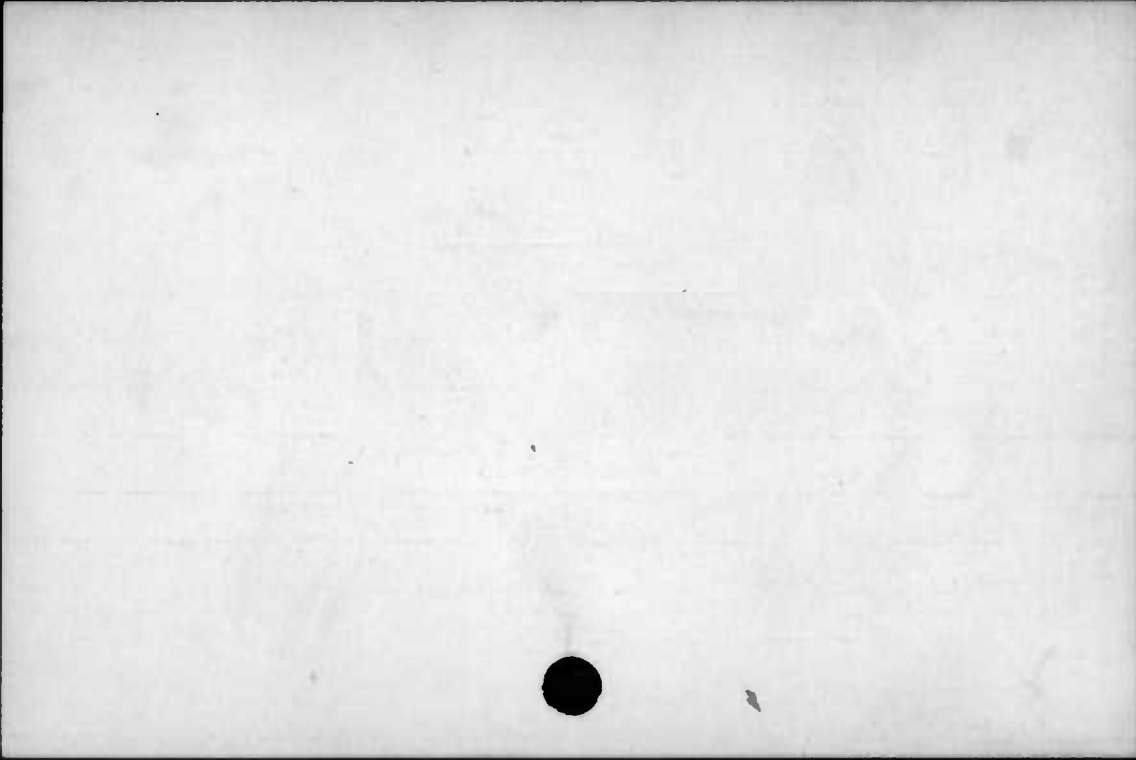
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md. H. H. Co.</i>		Town <i>Annapolis</i>		County <i>St. Anne's</i>		MARYLAND	
Date of death <i>1907 Jan 28</i>		Month <i>Jan</i>	Day <i>28</i>	Age <i>7</i>	Years <i>7</i>	Months <i>7</i>	Days <i>7</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Annapolis</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>65 North West St</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Allen Chew</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Annie Bertha Trierson</i>		Mother's Birthplace <i>Cato'sville Md.</i>					
Name of person giving information <i>Annie B Chew</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate <i>Convulsions</i>	How long <i>1/2 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. P. Keene</i>
	Address <i>60 Cathedral St Annapolis Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Still Born Lebew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>A.A. Co</u> ^{County}		MARYLAND			
Date of death	<u>1907</u> ^{Month}	<u>Jan</u> ^{Day}	<u>12</u> ^{Age}	<u> </u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}	
Sex	<u>Male</u>		Color or Race	<u>colored</u>		Birth-place	<u>Annapolis</u>
Occupation	<u> </u>			Where Residing if not at place of death			<u> </u>
Married, Single or Widowed			Name of Wife or Husband				<u> </u>
Father's Name	<u>Walter Lebew</u>				Father's Birthplace	<u>Annapolis</u>	
Mother's Maiden Name	<u>Mary Bolden</u>				Mother's Birthplace	<u>Annapolis</u>	
Name of person giving information	<u>Mary Chey</u>				How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>UNKNOWN Cause Abortion</u>		How long	<u> </u>
Immediate	<u> </u>		How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician	<u>R. P. Keese</u>
			Address	<u>60 Cathedral St</u>
				<u>Annapolis</u>
Accident or Suicide?		<u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

Still Born		Chew		MARYLAND	
Died at Annapolis		A. Arleo			
Date of death 1907 Jan 12		Age		Months Days	
Sex female		Color or Race colored		Birth-place Annapolis	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Walter Chew		Father's Birthplace Annapolis			
Mother's Maiden Name Mary Bolden		Mother's Birthplace Annapolis			
Name of person giving information Mary Chew		How related to deceased Mother			

CAUSES OF DEATH

Primary	Unknown Cause of Death	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

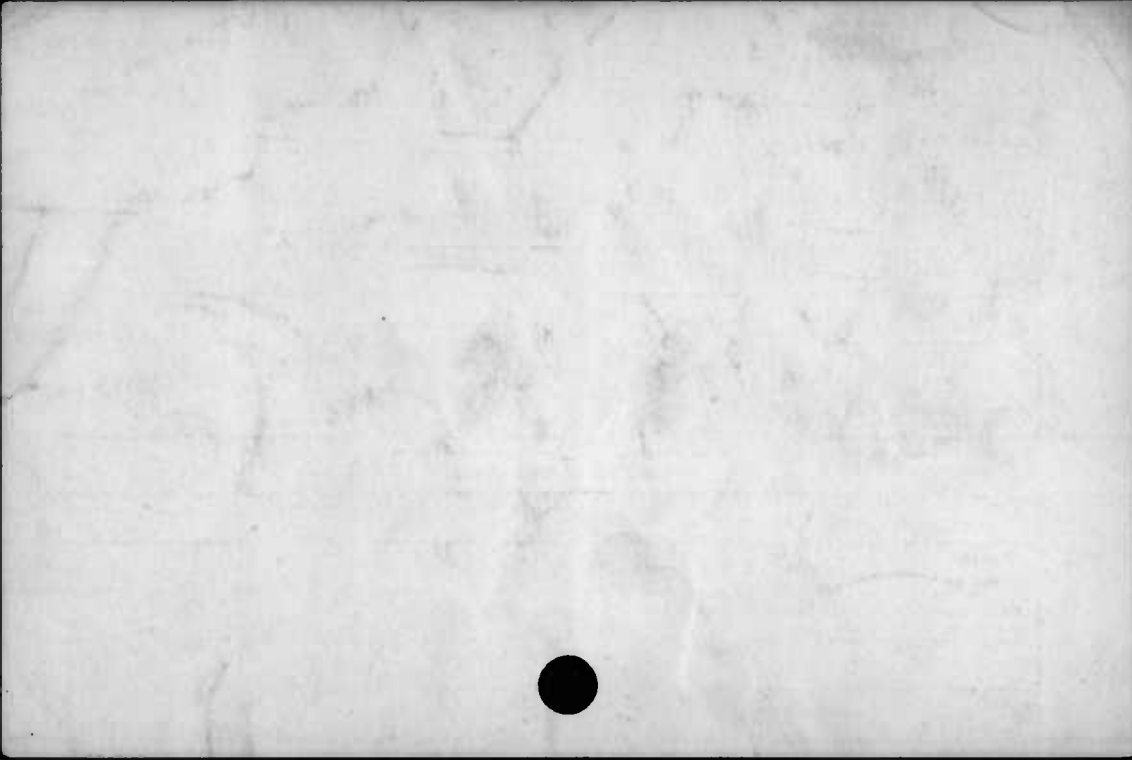
Address

R. G. Keener -
60 Cathedral St.
Annapolis Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Laura Gustave Colburn
Town *Annapolis* County *A. S. Co.* MARYLAND

Died at *Annapolis*

Date of death | 90 | *Jan* | Month | *4* | Day | Age | *6* | Years | Months | *5* | Days

Sex *Female* Color or Race *Colored* Birth-place *Annapolis*

Occupation *—* Where Residing if not at place of death *20 Ft. St. St.*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Richard Colburn* Father's Birthplace *Sydney*

Mother's Maiden Name *Margaret Colburn* Mother's Birthplace *Sydney*

Name of person giving information *Mother* How related to deceased *—*

CAUSES OF DEATH

Primary *Congenital Debility* How long *5 months*

Immediate *Exhaustion* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *R. P. Lewis*

Address *60 Cathedral*
Annapolis Md

Accident or Suicide? *—*

Bel buried at St. Margarets Grave yard

Name
in
Full

Marion Lee Johnson Duval

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small>	<i>Jan</i>	<i>2nd</i> <small>Day</small>	<i>64</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>9</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cambridge, Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i></i>				
Married <i>Widowed</i>	Name of Wife or Husband <i>Dr E. P. Duval -</i>				
Father's Name <i>Richard Dorey Johnson</i>	Father's Birthplace <i>Fredrick Co.</i>		Mother's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Nancy Dorey Lewis</i>	Name of person giving information <i>Dr Dorey F. Duval</i>		How related to deceased <i>Son.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Strach Disease</i>	How long <i>19</i> <small>years</small>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J F Duval</i>
	Address <i>Capt. Knitting. U.S.A.</i>
	<i>221 Oak. Off & Locust St. Annapolis, Md.</i>
Accident or Suicide?	



Name
in
Full

None

(French)

CERTIFICATE OF DEATH

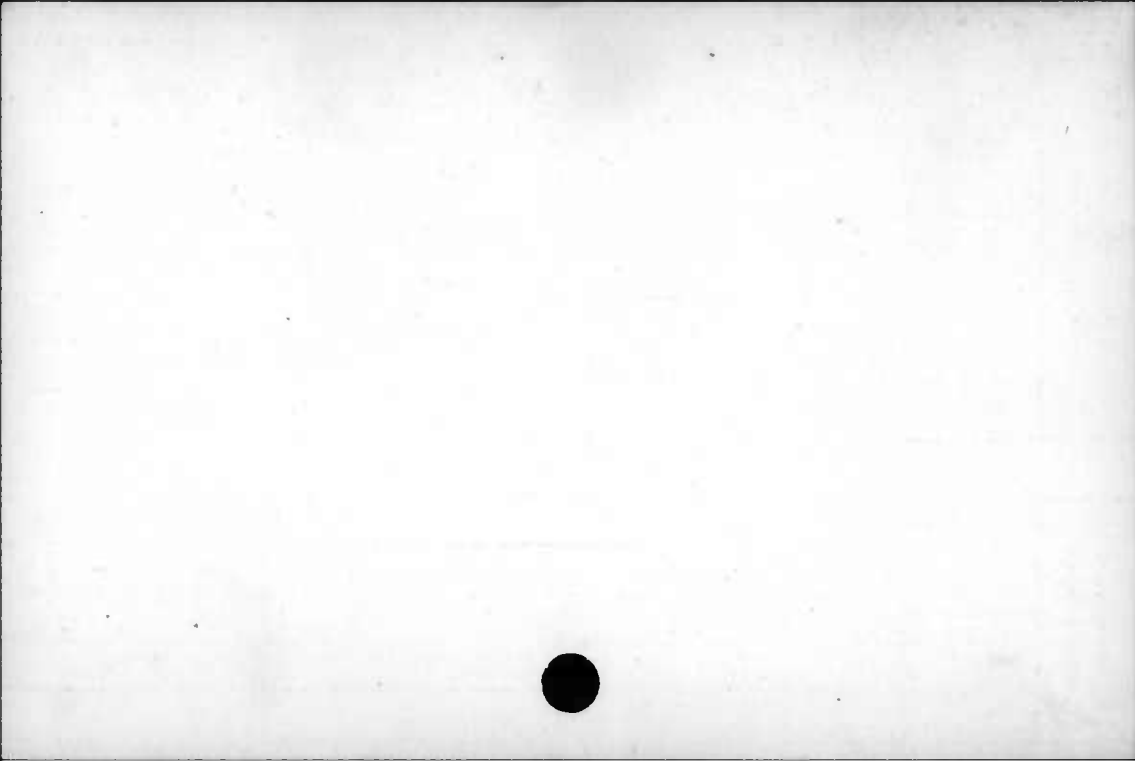
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	1907	Month	Jan	Day	17
Age	Years		Months		Days
Sex	Male		Color or Race	white	
Occupation			Birth-place	Annapolis	
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Wm. H. French			Father's Birthplace	va.
Mother's Maiden Name	Minnie Waller			Mother's Birthplace	va.
Name of person giving information	Wm. H. French			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	Geo. Wells M. D.	
Address	Annapolis	
Accident or Suicide?	No	



Name
in
Full

Infant

Gaither

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harman</i> Town		<i>Anne</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>14</i>	Age	Years	Months <i>7</i> Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Harman Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>George</i>		<i>Harman</i>		Father's Birthplace <i>Harman Md</i>	
Mother's Maiden Name <i>Lizzie Williams</i>				Mother's Birthplace <i>Harman Md</i>	
Name of person giving information <i>George Gaither</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	How long <i>12 hours</i>
Immediate <i>Meningitis & Convulsions</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. R. Williams</i>
	Address <i>Harman Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maggie Grenawatch</i>		Town <i>Balti</i>		County <i>W D</i>		State <i>MARYLAND</i>	
Died at <i>115 Balti</i>		Month <i>Jan</i>		Day <i>7</i>		Years <i>6</i>	
Date of death <i>1907 Jan 7</i>		Age <i>✓</i>		Months <i>✓</i>		Days <i>✓</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Peter Grenawatch</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Joseph unknown</i>		Mother's Birthplace <i>DO</i>					
Name of person giving information <i>Peter Grenawatch</i>		How related to deceased <i>Father</i>					

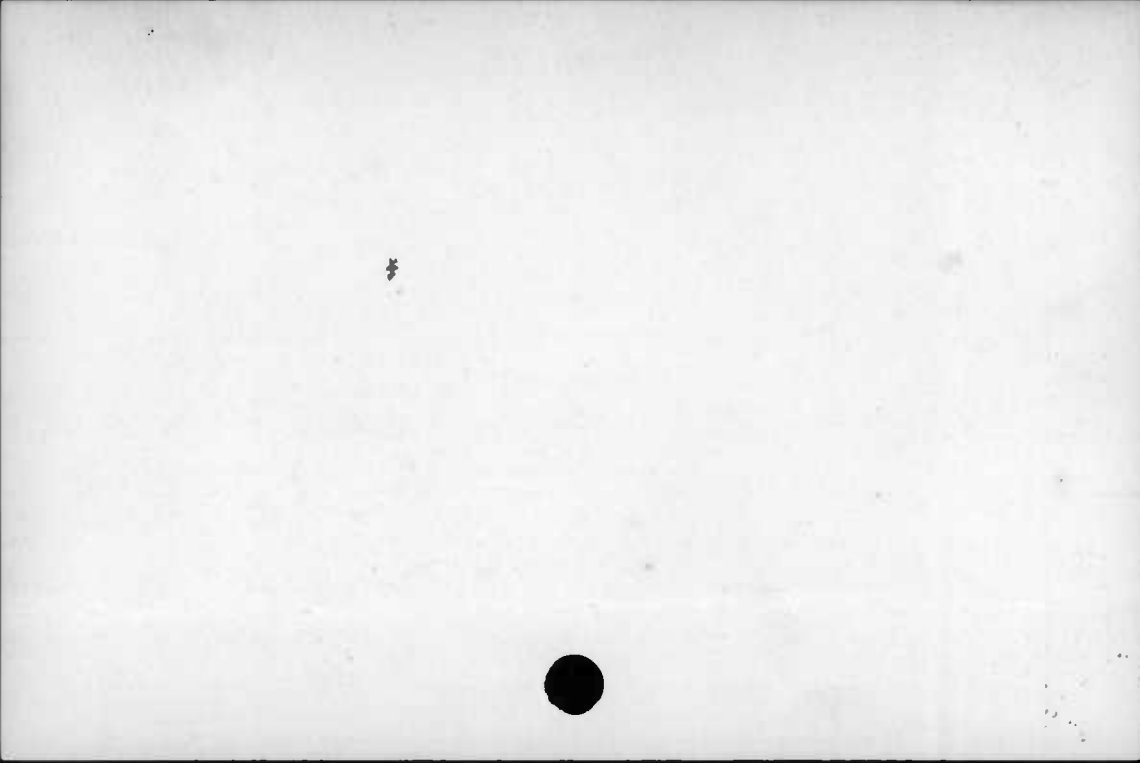
CAUSES OF DEATH

(179)

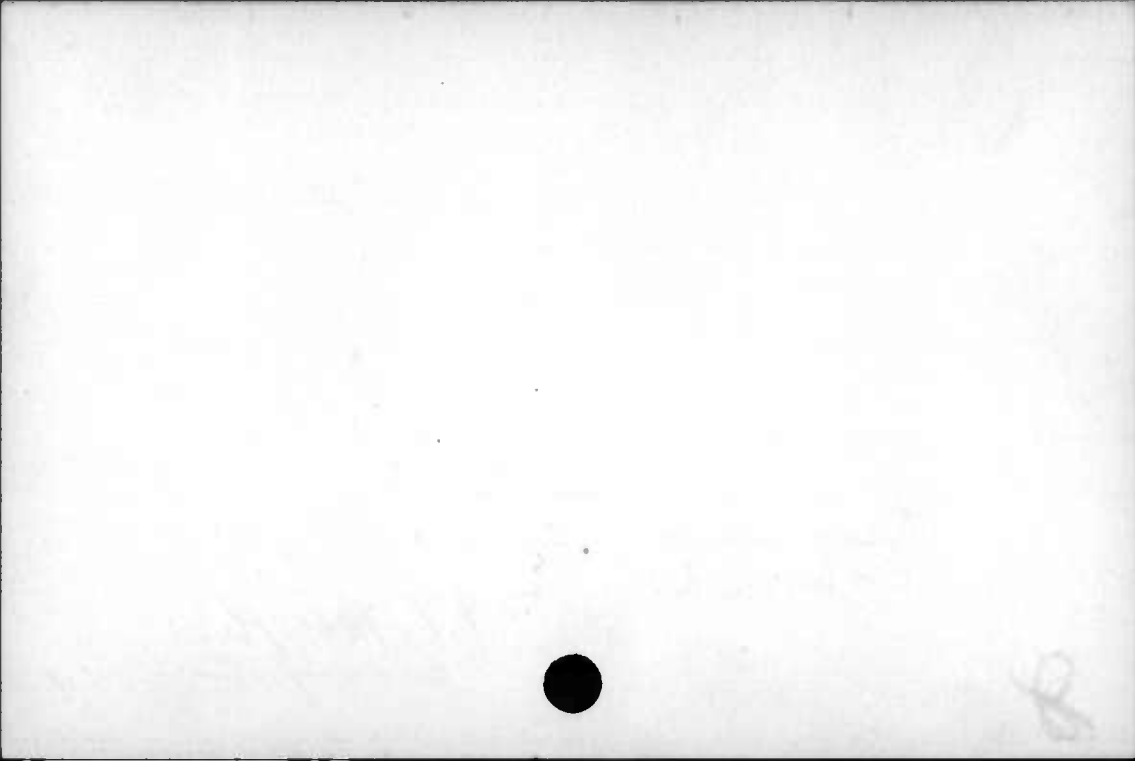
one month

~~of age~~PHYSICIAN
OR CORONER
(1)

Primary <i>Marasmus.</i>		How long <i>one month</i>	
Immediate		How long <i>DO</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. Fortow M.D.</i>	
		Address <i>So. Balto, Md.</i>	
Accident or Suicide? <i>✓</i>			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Shady Side</i> Town		County <i>A. A.</i>	
		Date of death <i>1907 Jan 8</i>		Age <i>41</i>	
		Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth place <i>Ind</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>	
		Married, Single or Widowed <i>Married</i>	Name of Husband <i>James A. Gross</i>		
		Father's Name <i>John H. Coats</i>	Father's Birthplace <i>Ind</i>		
		Mother's Maiden Name <i>Sophia Matthews</i>	Mother's Birthplace <i>Ind</i>		
		Name of person giving information <i>Chas. Coats</i>		How related to deceased <i>Brother</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Diphtheria</i>	<i>2 months ago</i>		How long	
	Immediate <i>Paralysis</i>			How long <i>4 days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. T. Smith</i>		
			Address <i>Churckton</i>		
Accident or Suicide? <i>—</i>					



Name
in
Full

Mary Beatrice Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bess Gates Town Anne Arundel County MARYLAND

Date of death 1907 Month July Day 17 Age 15 Years 15 Months 15 Days 15

Sex Female Color or Race Colored Birth-place Laurel

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary

Pneumonia

93

How long

Immediate

Exhaustion

How long

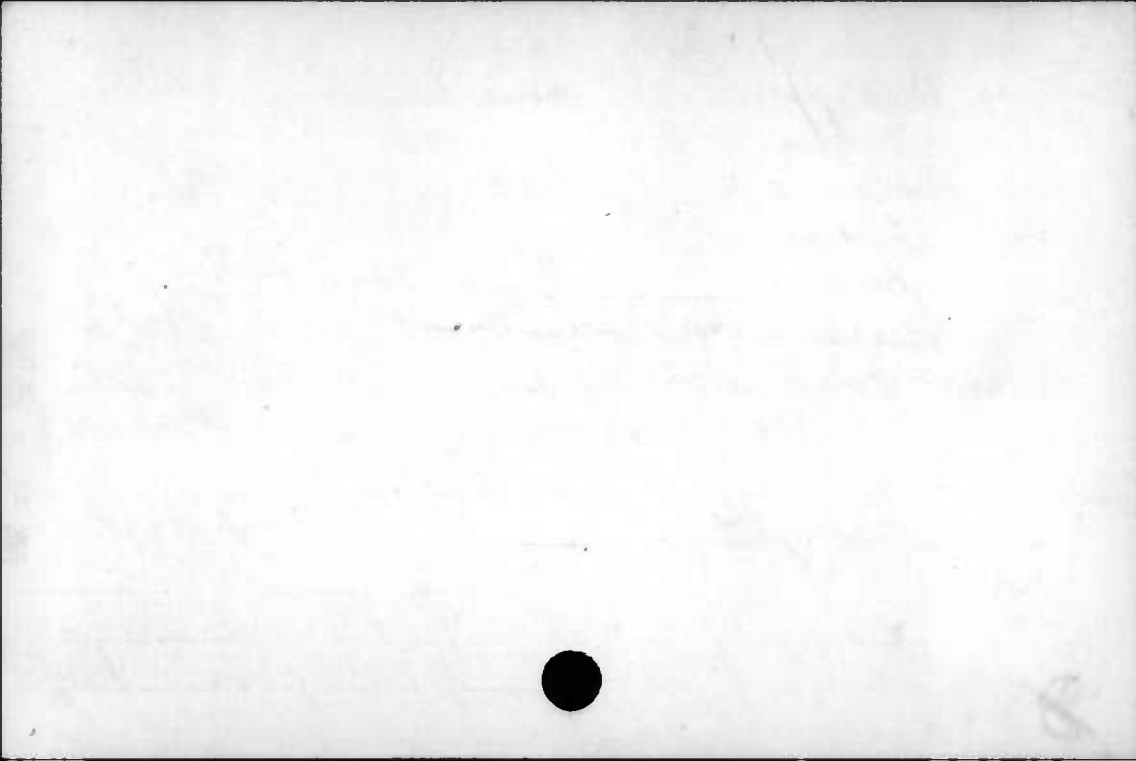
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. P. Murphy
Annapolis Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

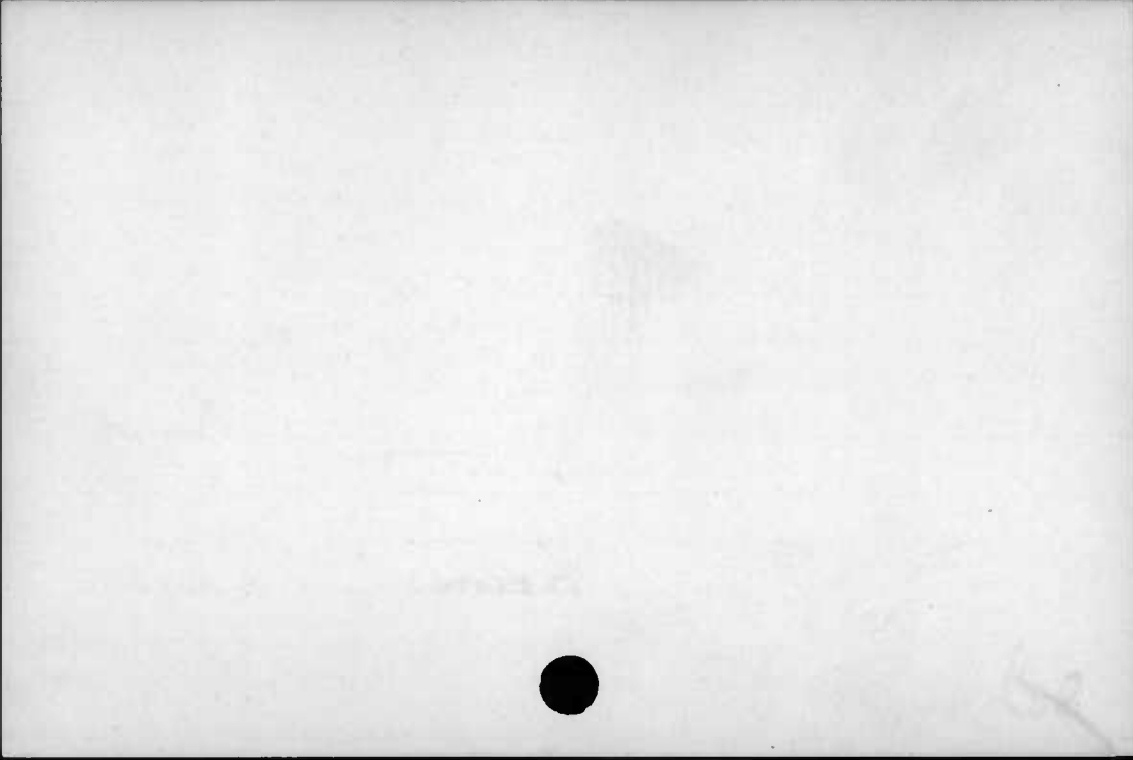
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McKendree</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan.</i>	Day <i>2</i>	Age <i>42</i>	Years <i>42</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Md.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Hill</i>			
Father's Name <i>Alexander Hill</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Sarah Smothers</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Thos. Powell</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long <i>66</i>	How long <i>2 weeks</i>
Immediate			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. N. Perrie</i>	
		Address <i>McKendree, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

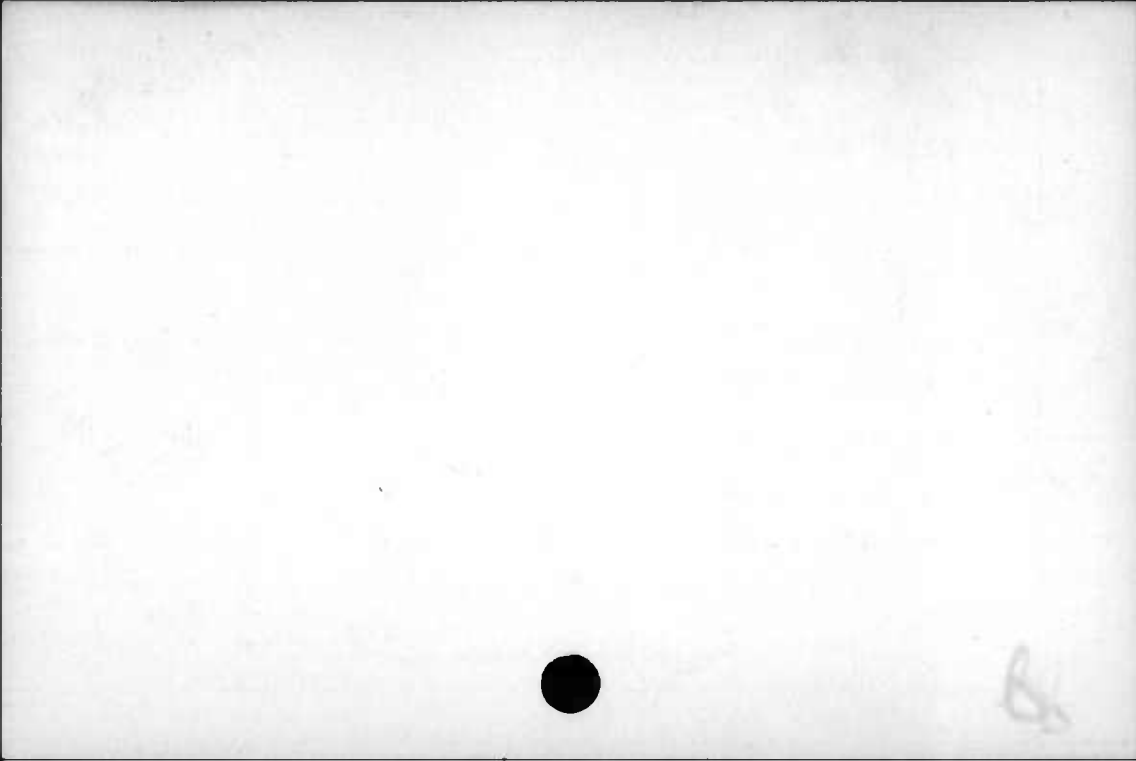
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Holland</i>		Town <i>Shifty Side</i>		County <i>Ad.</i>		MARYLAND	
Died at		Date of death <i>1907 Jan 9</i>		Age <i>85</i>		Months Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Occupation <i>Washer woman</i>		Where Residing if not at place of death —					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Robert Holland</i>					
Father's Name — <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name — <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information — <i>Henry Lee</i>		<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 40px;"> 79 </div>		How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>		How long —	
Immediate <i>Congestion of Lungs</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. T. Smith</i>	
<div style="border: 1px solid black; width: 50px; height: 50px; border-radius: 50%; display: flex; align-items: center; justify-content: center;"> </div>		Address <i>Churcklan</i>	
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 50px; height: 50px; border-radius: 50%; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin-left: 10px;"> Accident or Suicide? </div> </div>			



Name
in
Full

William S. Ireland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 3 rd ^{Town}		County Anne Arundel		MARYLAND	
Date of death 1907	Month Jan	Day 6	Age 64	Years	Months
Sex Male	Color or Race Col.		Birth-place Anne Arundel		
Occupation Farmer		Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Hester Calbert				
Father's Name John Ireland	Father's Birthplace A. A. Co				
Mother's Maiden Name Hester-Anne Calbert	Mother's Birthplace A. A. Co				
Name of person giving information John Calbert	How related to deceased Uncle				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bright's Disease	How long 7 months
Immediate Exhaustion	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. O. Redman
	Address St Margarets
	Anne Arundel Co
Accident or Suicide?	



8

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Spedden W. Ivey* Town *Annapolis* County *aa* MARYLAND

Died at *Annapolis*

Date of death *1907 Jan 10* Age *29* Months *6* Days *—*

Sex *Male* Color or Race *White* Birth-place *Annapolis Md*

Occupation *Printer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *James Ivey* Father's Birthplace *England*

Mother's Maiden Name *Mary Colwell* Mother's Birthplace *Cambridge Md*

Name of person giving information *Mary Ivey* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

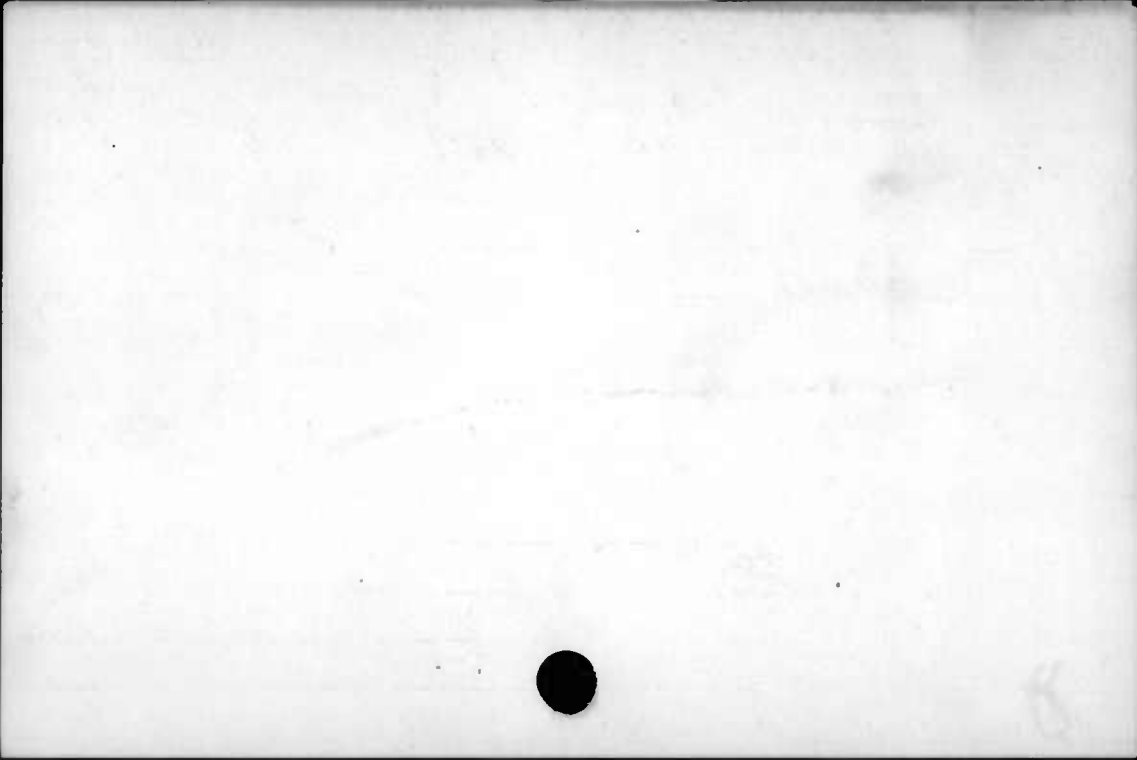
Primary *Chronic Nephritis* How long *Several months*

Immediate *Uraemic Toxaemia* How long *Several hours*

Are the name, age, sex, color, date and place correctly given above? *as far as I know*

Signature of Physician *F. H. Thompson* Address *Annapolis Md*

Accident or Suicide?

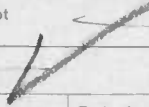


Name
In
Full

Isiah Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

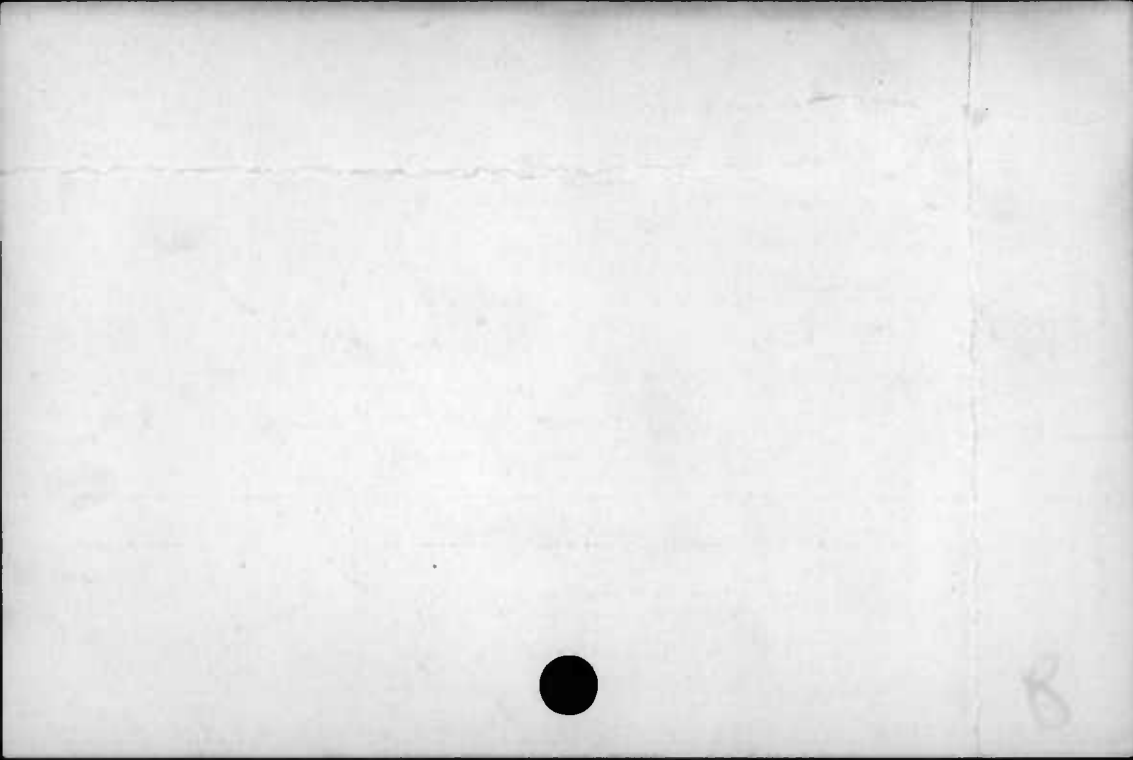
Died at <i>Armiger P.O.</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month <i>Jan.</i>	Day <i>22</i>	Years <i>17</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>A.A.Co.</i>		
Occupation <i>Schoolboy</i>	Where Residing if not at place of death 				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Henry Jacobs</i>	Father's Birthplace <i>A.A.Co.</i>				
Mother's Maiden Name <i>Sarah Johnson</i>	Mother's Birthplace <i>A.A.Co.</i>				
Name of person giving information <i>Henry Jacobs</i>	How related to deceased <i>Father.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>General debility</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes-</i>	Signature of Physician <i>James S. Billingsley MD</i>
	Address <i>Armiger Md.</i>
Accident or Suicide?	

8



Name
in
Full

CERTIFICATE OF DEATH

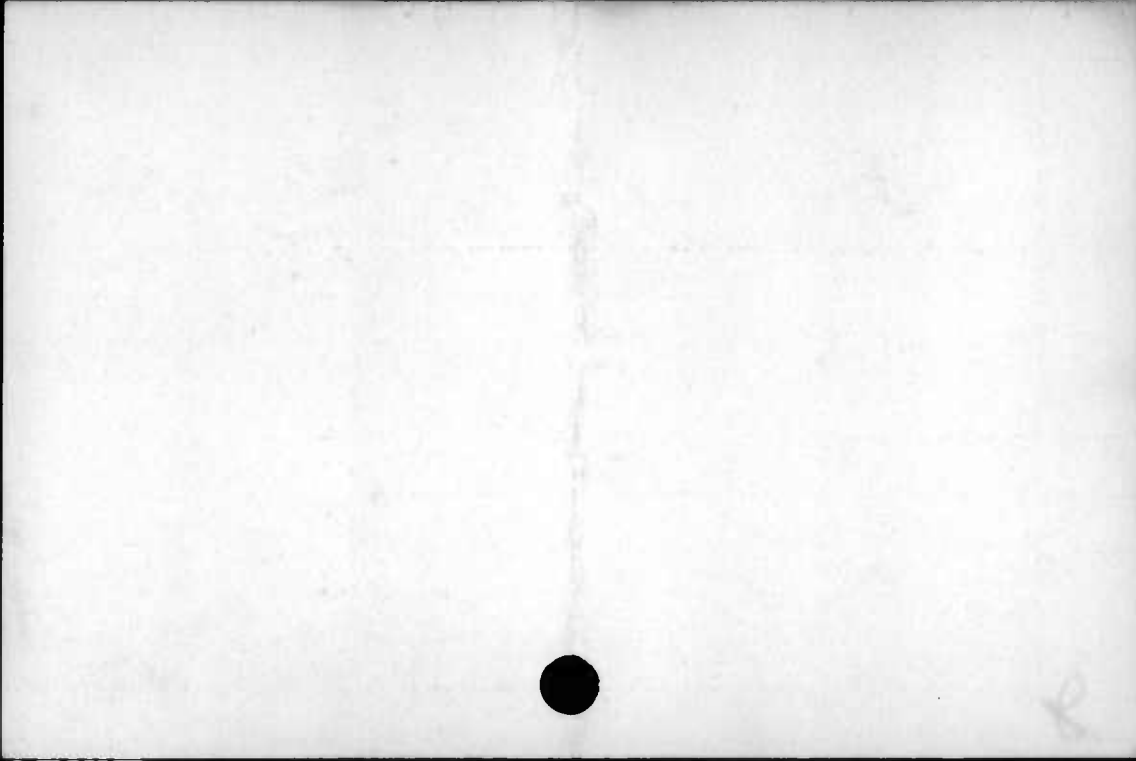
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barman</i> ^{Town}		<i>Anne</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>26</i>	Age <i>47</i>	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Anne Fundell Co MA</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Richard Jeffrey</i>		Father's Birthplace <i>Anne Fundell Co MA</i>			
Mother's Maiden Name <i>Nancy Hobd</i>		Mother's Birthplace <i>Anne Fundell Co MA</i>			
Name of person giving information <i>Richard Jeffrey</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>3 days</i>
Immediate	<i>Coma</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Le R Winkerson MD</i>	
		Address	
		<i>Hanover</i>	
		<i>Anne Fundell Co MA</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

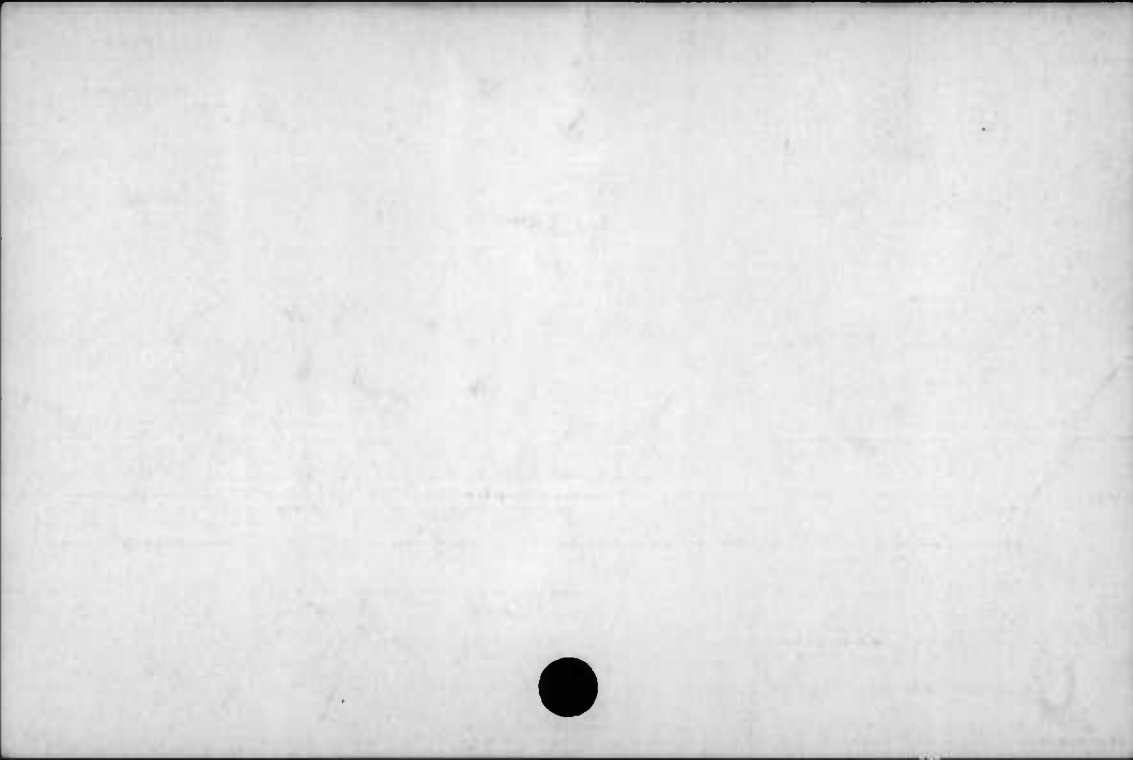
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Beatrice A. Johnson</i>		Town <i>Amnapolis</i>		County <i>St. Charles</i>		MARYLAND	
Died at <i>Amnapolis</i>		Month <i>July</i>		Day <i>9</i>		Years <i>20</i>	
Date of death <i>1907</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Amnapolis</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>York St.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Johnson</i>		Father's Birthplace <i>Amnapolis</i>					
Mother's Maiden Name <i>Blanch Kelley</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Mother</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>1 year</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>		Signature of Physician <i>H. Cement Landreth</i>	
		Address <i>98b. John St. Amnapolis</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn Jones
Ridout Town
Died atApt. Md.
County

MARYLAND

Date
of death 1907 Jan.

Month

Day

Age 70

Years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Calvert Co.

Occupation

Laborer

Where Residing if not
at place of death

Ridman Row. A.A. Co.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Cecilia Jones

Father's
Name

William Jones

Father's
Birthplace

Calvert Co.

Mother's
Maiden Name

Sarah Jones.

Mother's
Birthplace

Calvert Co.

Name of person giving
In formation

Cecilia Jones.

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

Several Months

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

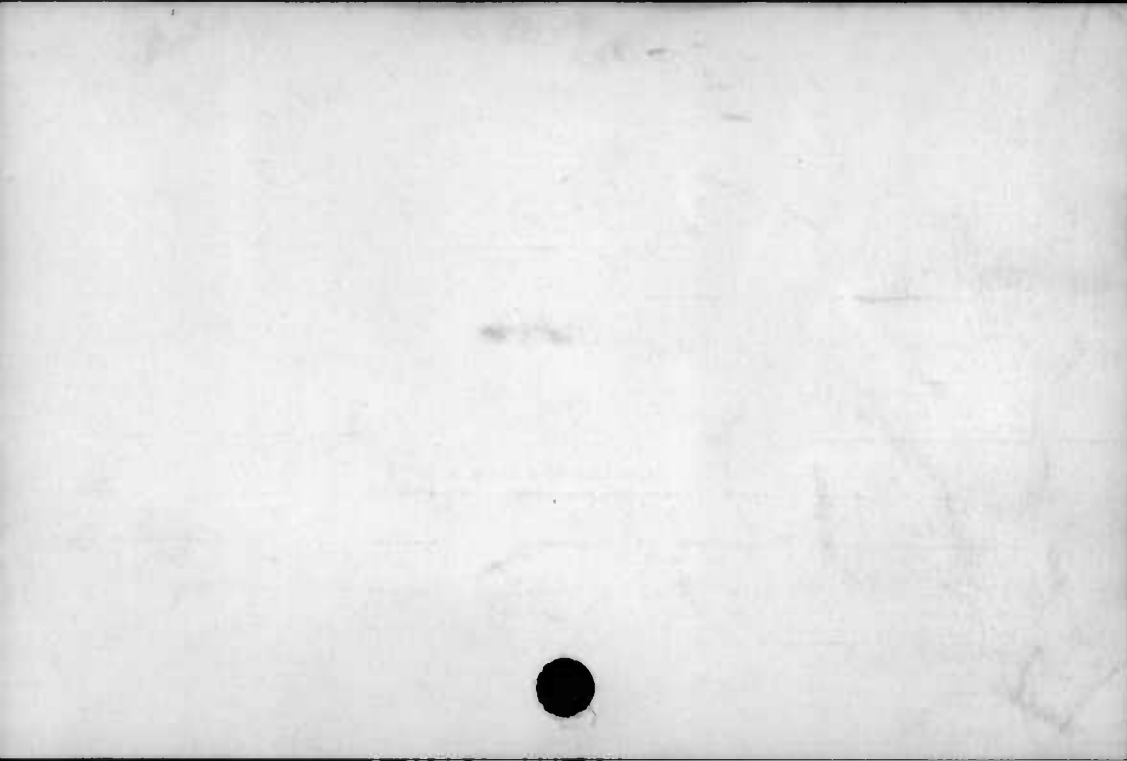
Yes

Signature of
Physician

Address

John Ridout M.D.
Annapolis
Md.

Accident or Suicide?



Name
in
Full

Hughes S. McLeod

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death		1907	Month Jan	Day 29.	Age 62	Years 7	Months 29.
Sex Male		Color or Race White		Birth- place New York City			
Occupation Pressman				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Emma R. McLeod	
Father's Name		Edward S. McLeod				Father's Birthplace N. Y.	
Mother's Maiden Name		L. McBrides				Mother's Birthplace "	
Name of person giving Information		Emma R. McLeod				How related to deceased wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	(104)	How long	2 wks
Immediate	Cardiac Dilatation		How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician S. S. Hephner	
			Address Annapolis Md.	
Accident or Suicide?		✓		

Interment
Washington D.C.

Name
in
Full

Margaret Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

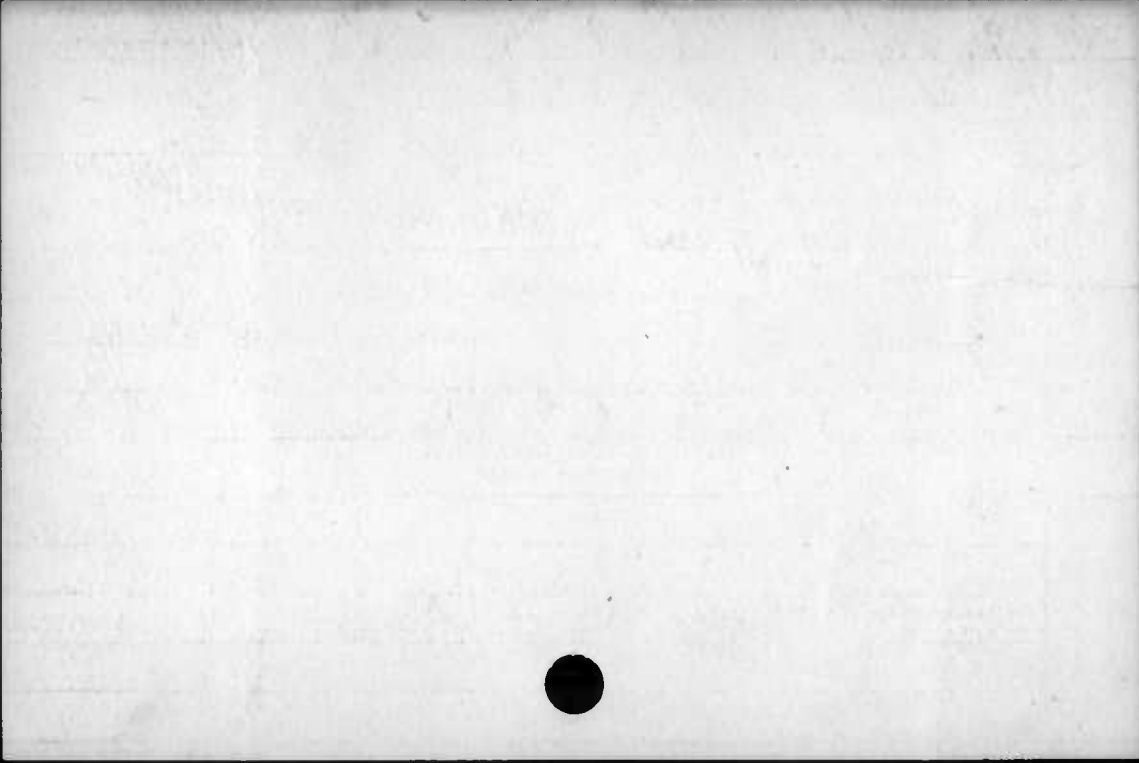
Died at		Annapolis		A.D.		County		MARYLAND	
Date of death		1907 Jan		20		Age		4	
Sex		Female		Color or Race		Caucasian		Birth-place	
Occupation		Unknown		Where Residing if not at place of death		150 South St			
Married, Single or Widowed		Single		Name of Wife or Husband		Unknown			
Father's Name		Joseph Mathews		Father's Birthplace		Danvers		Mass.	
Mother's Maiden Name		Margaret Johnson		Mother's Birthplace		Annapolis			
Name of person giving information		Margaret Mathews		How related to deceased		Mother			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	1	Branchitis	How long	One week
Immediate	2	Convulsions	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. P. Keene	
	No	Address	66 Cathedral St. Annapolis Md.	
Accident or Suicide?	No			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Still born female infant of Joe & Mary Medel

CERTIFICATE OF DEATH

MARYLAND

Died at So. Baltimore A. A. County

Date of death 1907 Jan 9 Age — Months — Days —

Sex Female Color or Race white Birth-place So. Baltimore

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Joseph Medel

Father's Birthplace Bohemia

Mother's Maiden Name Mary Tomasek

Mother's Birthplace Bohemia

Name of person giving Information Mary Medel

How related to deceased Mother

CAUSES OF DEATH

Primary Still born How long —

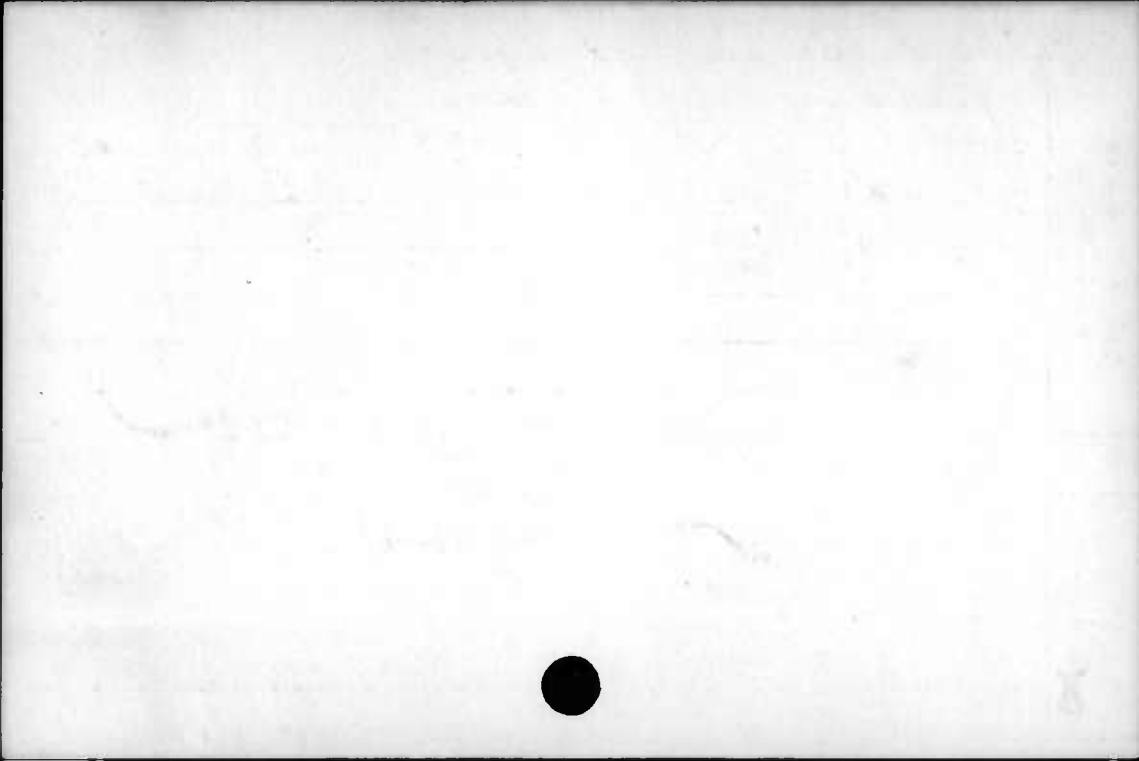
Immediate Still born How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. B. Horton M.D.

Address So. Baltimore, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

James Henry Murray

Town

County

Died at *Armiger P.O.*

Anne Arundel

MARYLAND

Date of death *1907 Jan.*

Day *22*

Age *—*

Months *9*

Days *13*

Sex *Male*

Color or Race *Colored*

Birth-place *A.A. Co.*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single or Widowed *Single*

Name of Wife or Husband *—*

Father's Name *Charles Murray*

Father's Birthplace *A.A. Co.*

Mother's Maiden Name *Laura Watts*

Mother's Birthplace *A.A. Co.*

Name of person giving Information *Sarah Watts*

How related to deceased *Great grandmother*

CAUSES OF DEATH

Primary *Pneumonia*

How long *6 days*

Immediate *Exhaustion*

How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James S. Billingslea M.D.*

Address

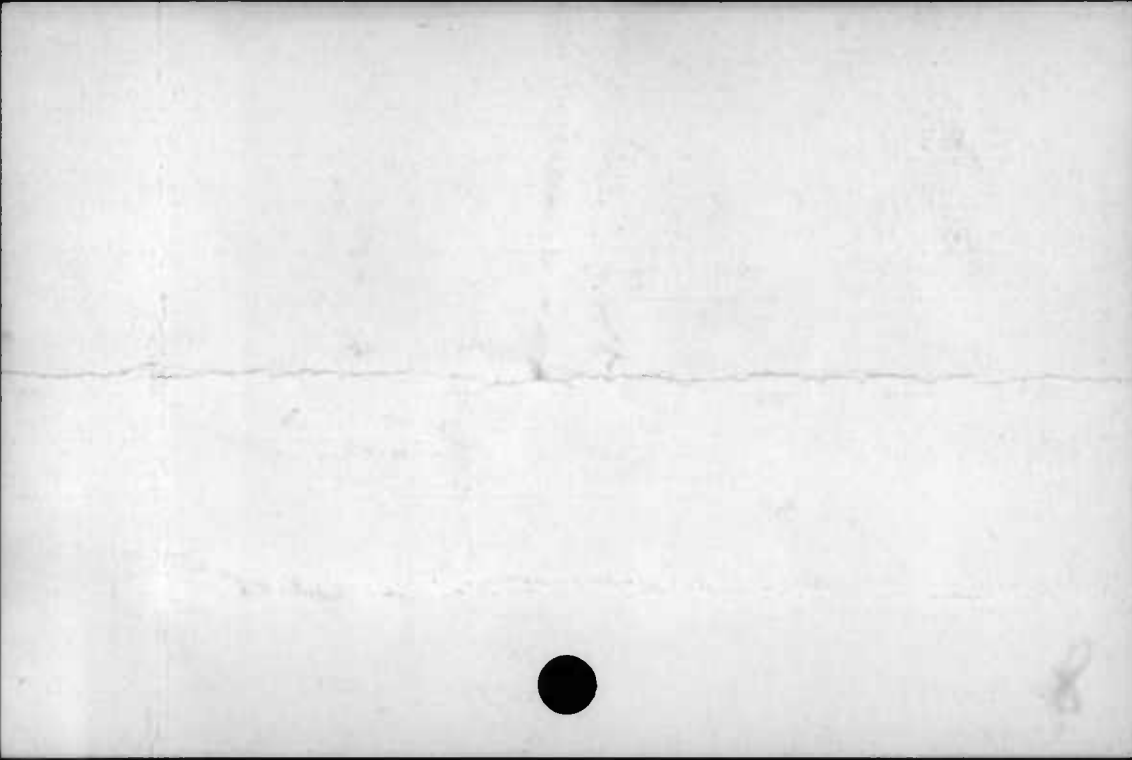
Armiger.

Accident or Suicide? *—*

Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER



Name
In FullM^r Anna Norman

CERTIFICATE OF DEATH

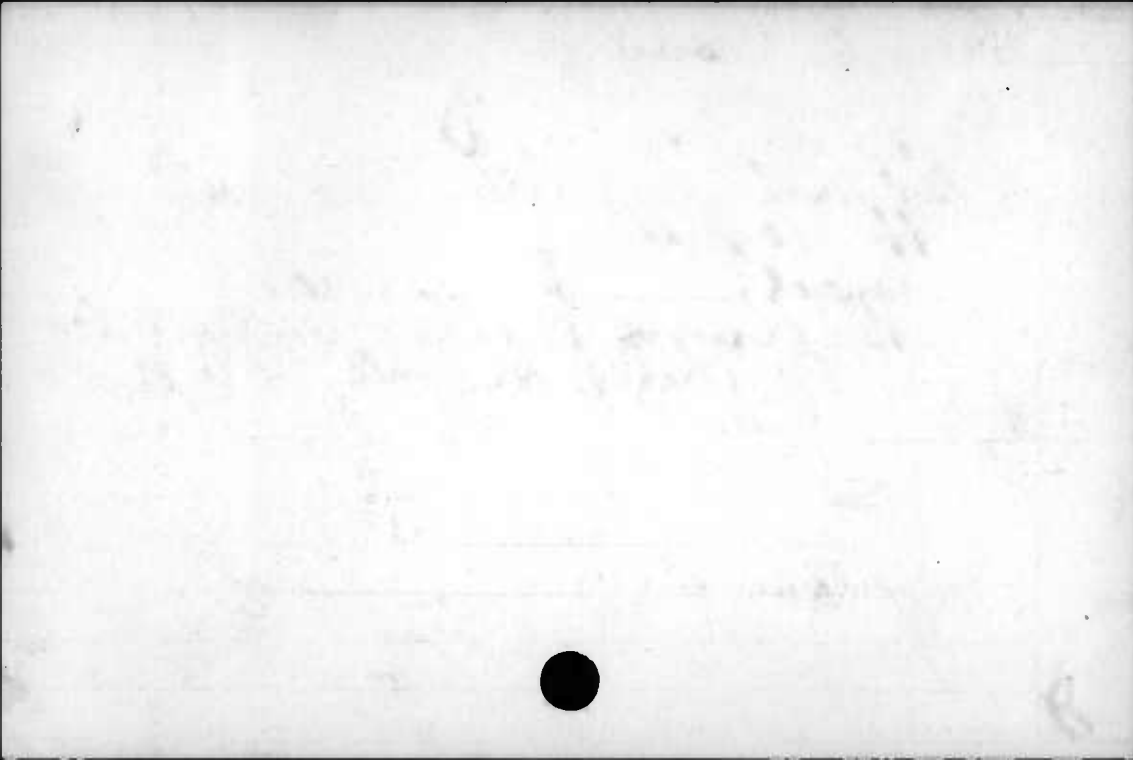
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapieth</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>Jan</u>	Day <u>3rd</u>	Age <u>89</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Occupation <u>Unknown</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>	Name of person giving information <u>Miss Ellen Jenkins</u>		How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Bronchitis</u>	How long <u>91</u>	<u>Several months</u>
Immediate	<u>Asthma</u>	How long <u>—</u>	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>Joseph M. Worthington M.D.</u>	
		Address <u>Annapolis Md.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Merry E Oens

CERTIFICATE OF DEATH

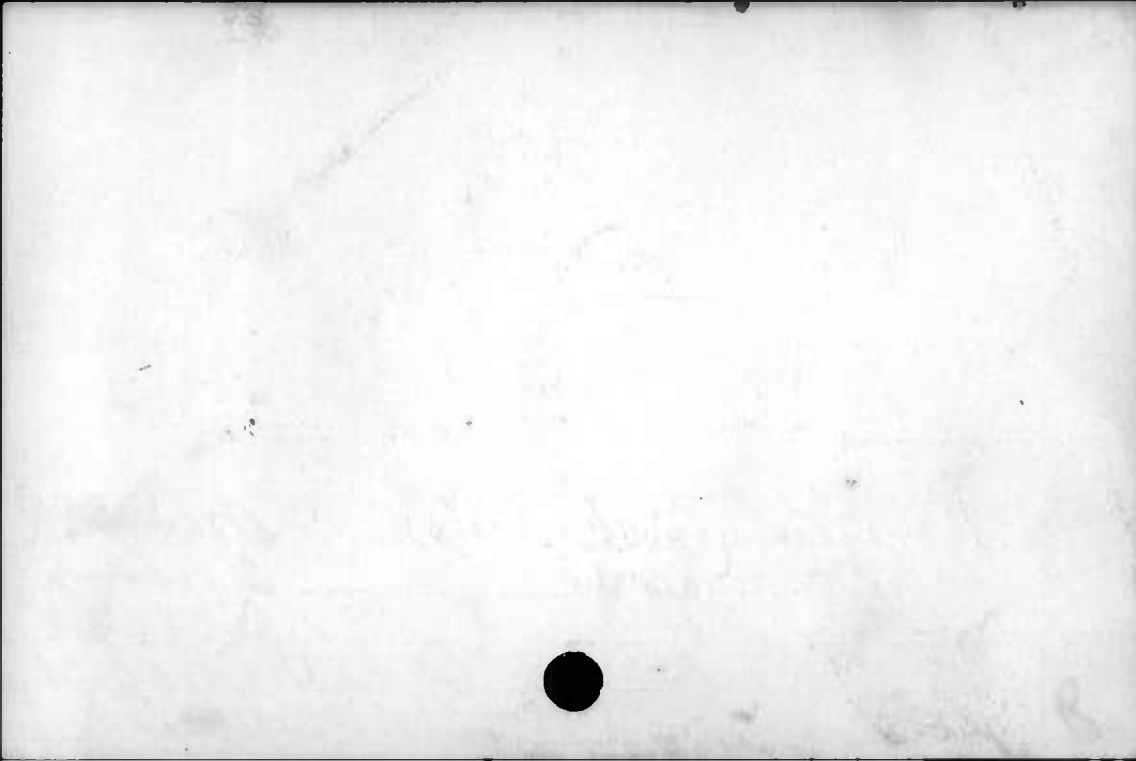
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near Annapolis		County a a Co.		MARYLAND	
Date of death		1907	Month Jan	Day 10	Age 42	Months 2	Days
Sex	Female	Color or Race	White		Birth- place	a a Co	
Occupation	House Wife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband John Oens				
Father's Name	William Wallen		Father's Birthplace a a Co				
Mother's Maiden Name	Mother Murdock		Mother's Birthplace a a Co				
Name of person giving In formation	John Oens		How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	Six Months
Immediate	Aspiration		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. Wells		
yes		Address Annapolis Maryland		
Accident or Suicide?		No.		



Name
in
Full

CERTIFICATE OF DEATH

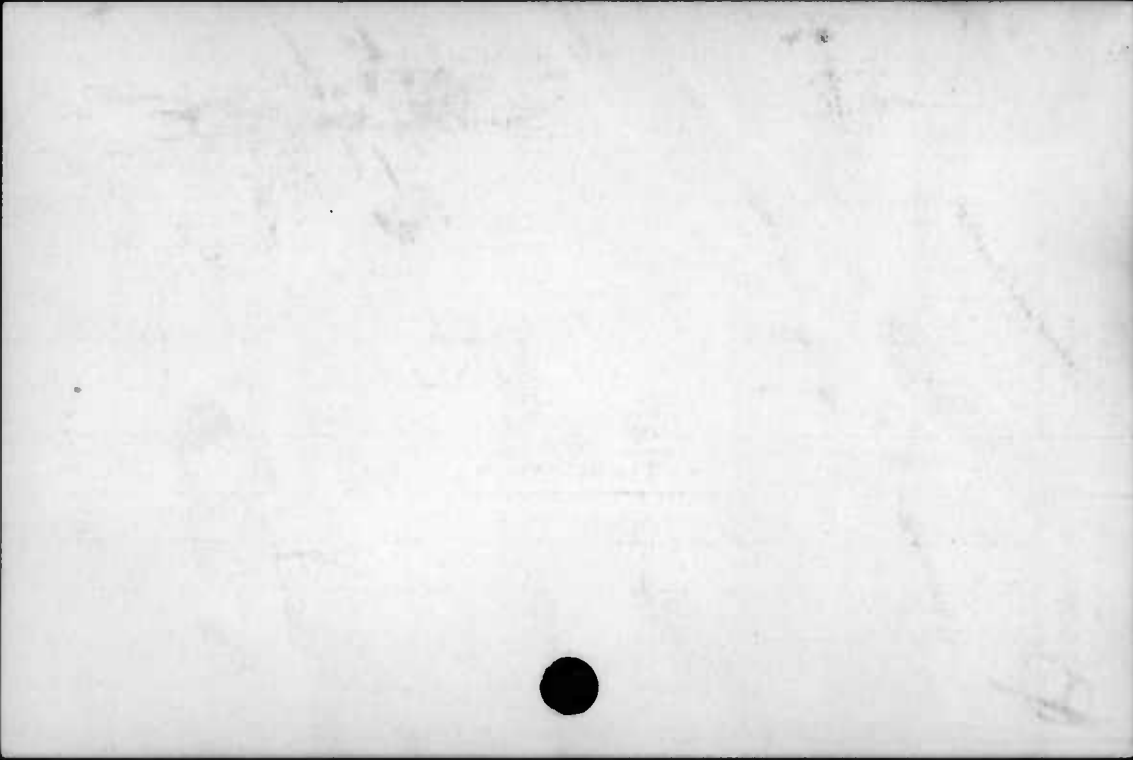
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md.</i>		Town <i>Ann.</i>		County		MARYLAND	
Date of death	1907	Month	Jan	Day	27	Years	Age
Sex	female	Color or Race	Colored	Months	2	Days	
Occupation		Where Residing if not at place of death	<i>82 W. Bay St.</i>				
Married Single or Widowed		Name of Wife or Husband					
Father's Name	<i>James Parker</i>			Father's Birthplace	<i>Annapolis</i>		
Mother's Maiden Name	<i>Bessie Hall</i>			Mother's Birthplace	<i>Annapolis</i>		
Name of person giving information	<i>Mother Bessie Parker</i>			How related to deceased	<i>Mother</i>		

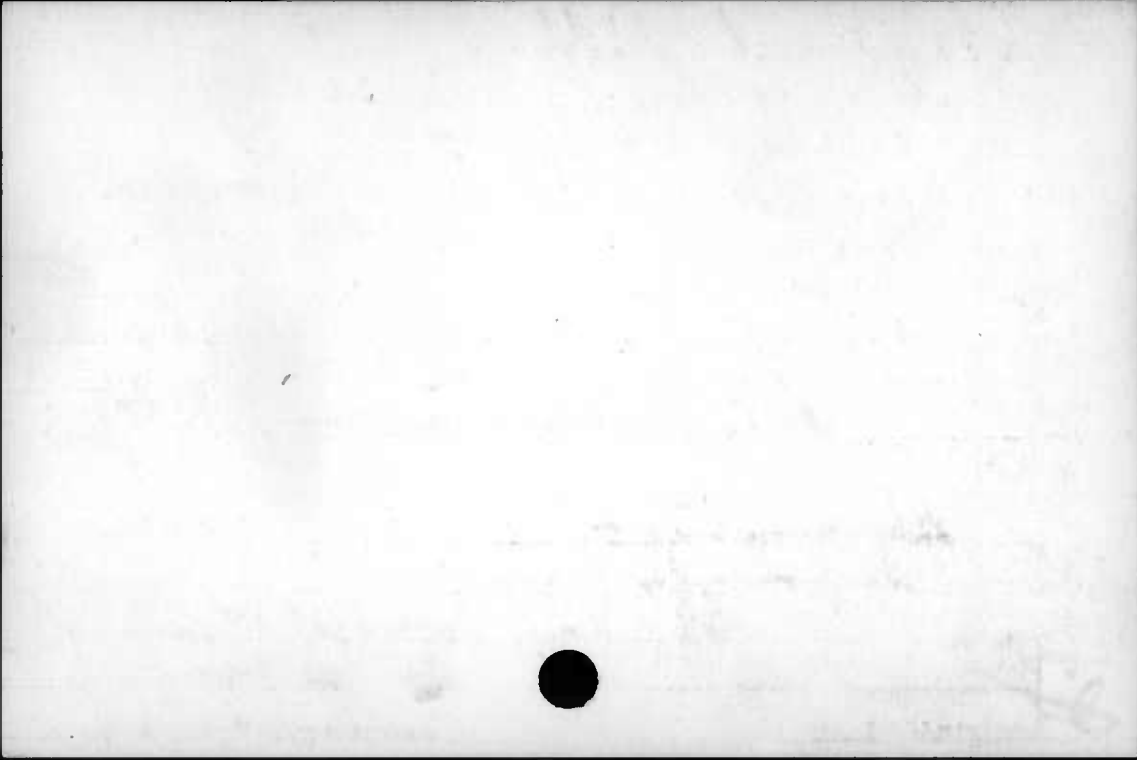
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Catarrh</i>	How long	<i>One week</i>
Immediate	<i>2 clampsia</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. P. Reeve</i>		
	Address <i>60 Cothuit St Annapolis Md</i>		
Accident or Suicide?			



Name in Full		Henomah Pelkey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		County		A A	
	Date of death	1907	Month	Jan	Day	11	Age
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		7	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Albert Pelkey				Father's Birthplace	Nebraska
	Mother's Maiden Name	Lula Mcoppus				Mother's Birthplace	Annapolis Md
Name of person giving information	Lula Pelkey				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Whooping Cough				How long	1 month
	Immediate	Pneumonia				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Investigated by Mrs Welch
	Accident or Suicide?					Address	Health Officer Annapolis



Name
in
Full

Edward Wertz Pfeiffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis, Md</i>		County <i>Anne Arundel</i>		STATE <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Jan.</i>	Day <i>22</i>	Age <i>69</i>	Months <i>8</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Mexico</i>		
Occupation <i>Steward</i>	Where Residing if not at place of death <i>Santee</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information <i>Record</i>		How related to deceased <i>Navy</i>			

CAUSES OF DEATH

Primary <i>Endocarditis -</i>	How long <i>14 days</i>
Immediate <i>Hypertension - Pneumonia</i>	How long <i>7 days</i>

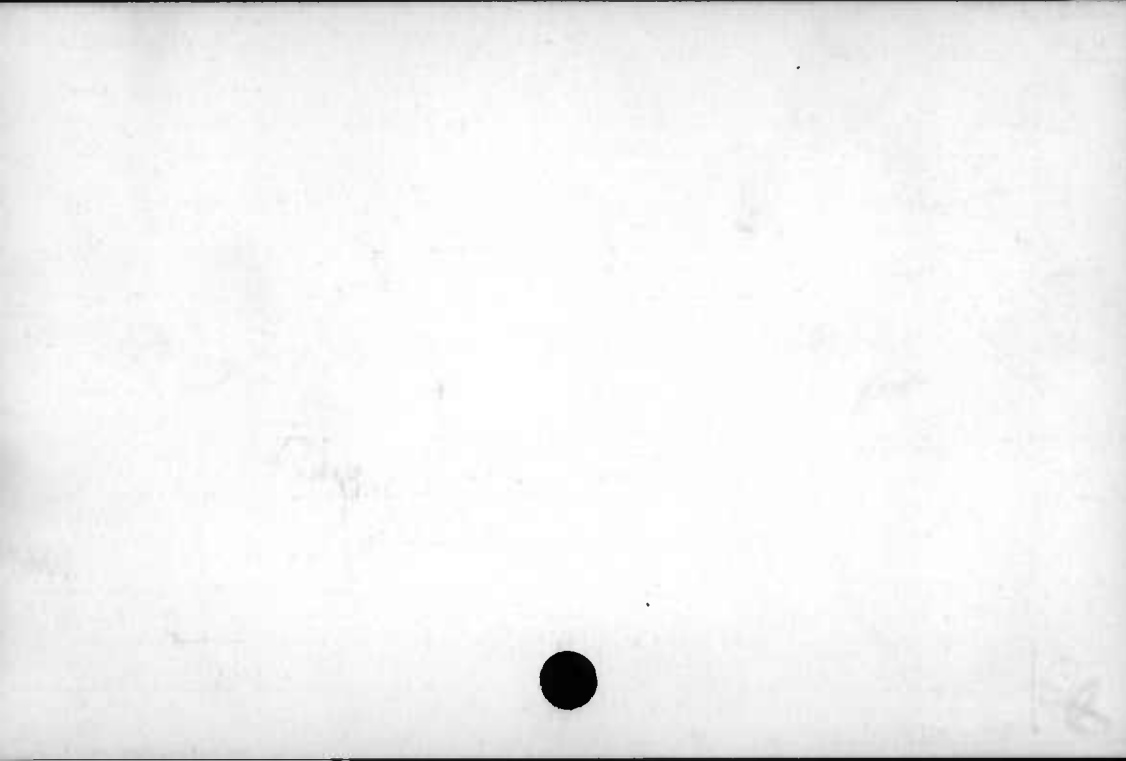
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Wm. H. Leonard
Local. Teaching
Annapolis, Md.

Accident or Suicide? *-*



Name
in
Full

Ines Rebecca Richards

CERTIFICATE OF DEATH

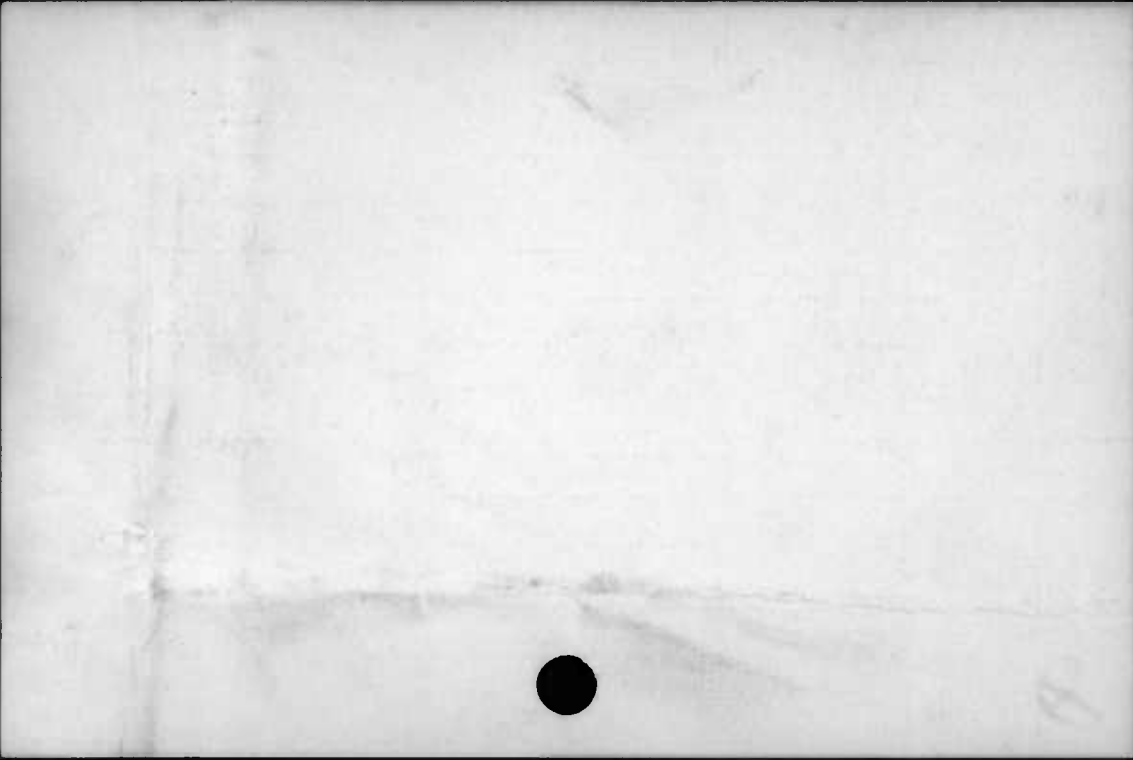
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Armiger P.O.</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month <i>Jan</i>	Day <i>6</i>	Years <i>1</i>	Months <i>8</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>A.A. Co -</i>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Henson Richards</i>			Father's Birthplace <i>A.A. Co -</i>		
Mother's Maiden Name <i>Sarina Baker</i>			Mother's Birthplace <i>A.A. Co</i>		
Name of person giving information <i>Henson Richards</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho-pneumonia</i>	How long <i>4 days</i>
Immediate	<i>Heart Exhaustion</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Bellingshaw M.D.</i>
		Address <i>Armiger, Md.</i>
Accident or Suicide? <i>_____</i>		



Name in Full		Ridgely				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis		County A. A. Co.		MARYLAND
	Date of death		1907	Month Jan'y	Day 17	Age —	Years —
	Sex		male		Color or Race		Colored
	Occupation		—		Where Residing if not at place of death		—
	Married, Single or Widowed		—		Name of Wife or Husband		—
	Father's Name		Augustus Ridgely		Father's Birthplace		Annapolis
	Mother's Maiden Name		Ella Baller		Mother's Birthplace		"
Name of person giving information		Lucy Pully		How related to deceased		Midwife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Still Born		How long		—
	Immediate		—		How long		—
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Wm. J. Welch
					Address		Health Officer
	Accident or Suicide?		—				



Name
in
Full

CERTIFICATE OF DEATH

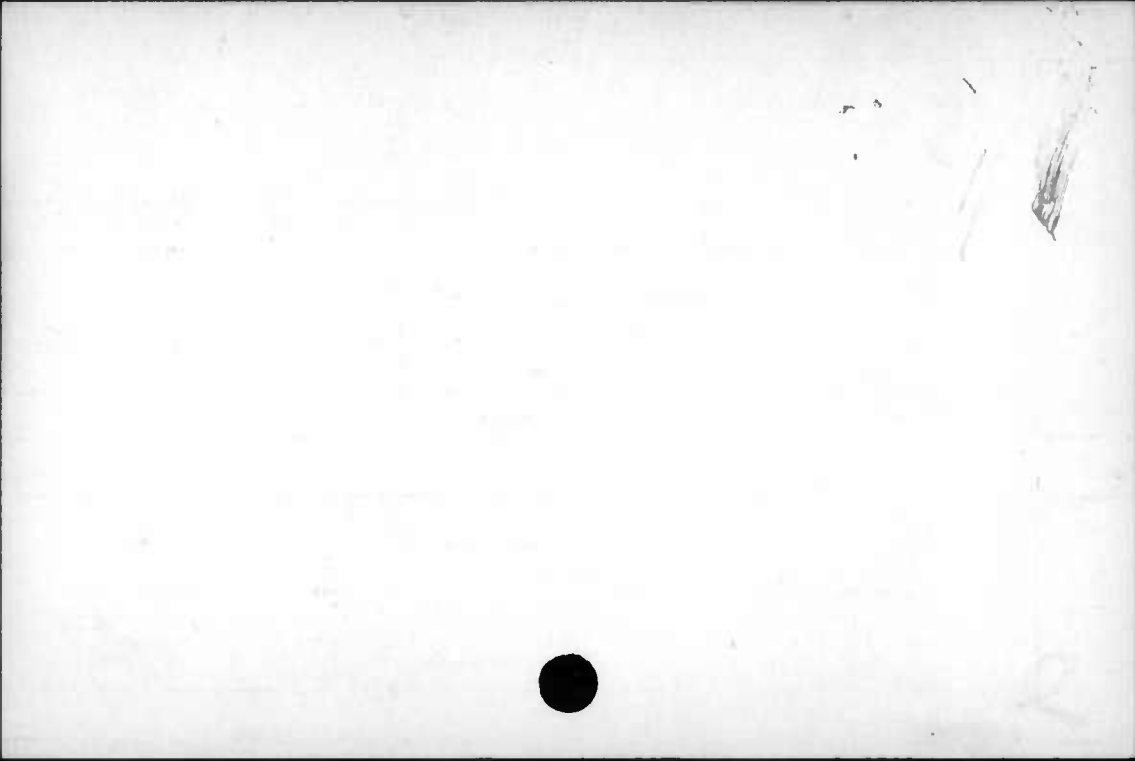
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>2nd Dist</u> ^{Town} <u>a a . co</u> ^{County} <u>a a . co</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>4</u>	Age <u>—</u> Years <u>—</u> Months <u>—</u> Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>2nd Dist</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>2nd Dist</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Edw C Sears</u>	Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary Thier</u>	Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Edw C Sears</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Murphy</u>
	Address <u>—</u>
Accident or Suicide?	



Name
in
Full

Nancy Simmons

CERTIFICATE OF DEATH

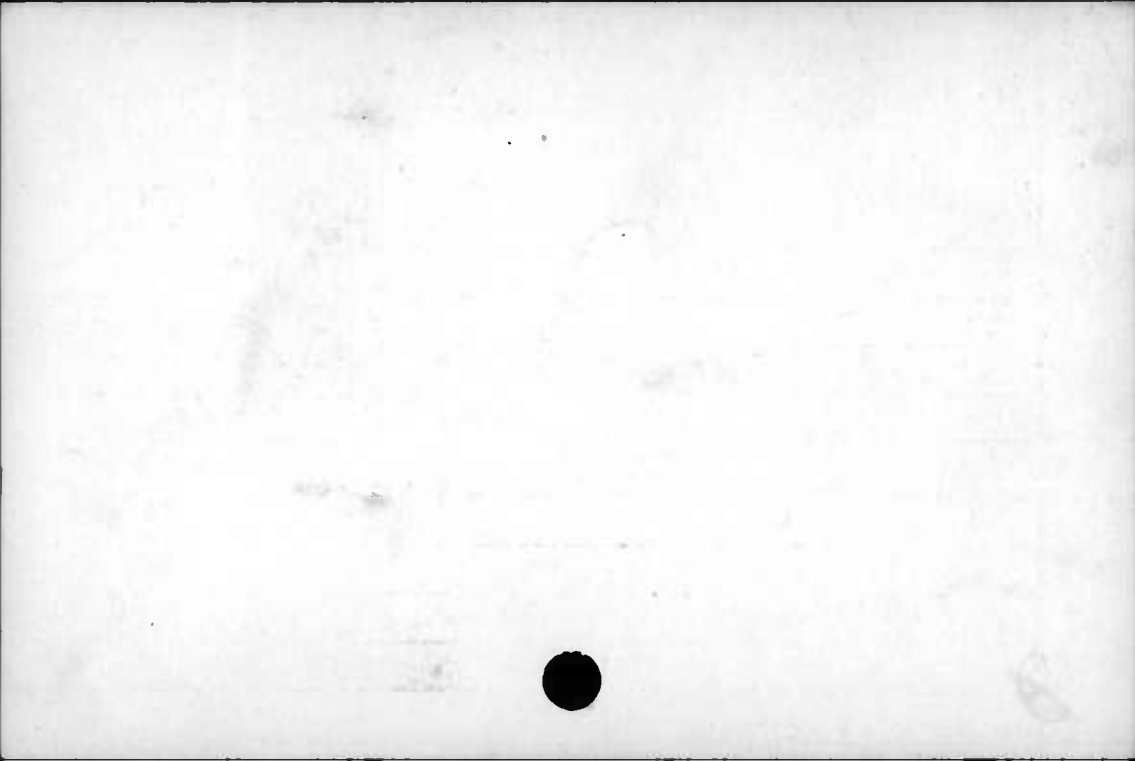
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>A A Co</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Jan</u> ^{Day} <u>16</u>		Age <u>63</u> ^{Years}		<u> </u> ^{Months} <u> </u> ^{Days}	
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>A A Co</u>			
Occupation <u>House Work</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Joe Simmons</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u> </u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u> </u>				
Name of person giving information <u>Charles Matthews</u>		How related to deceased <u>Son</u>			

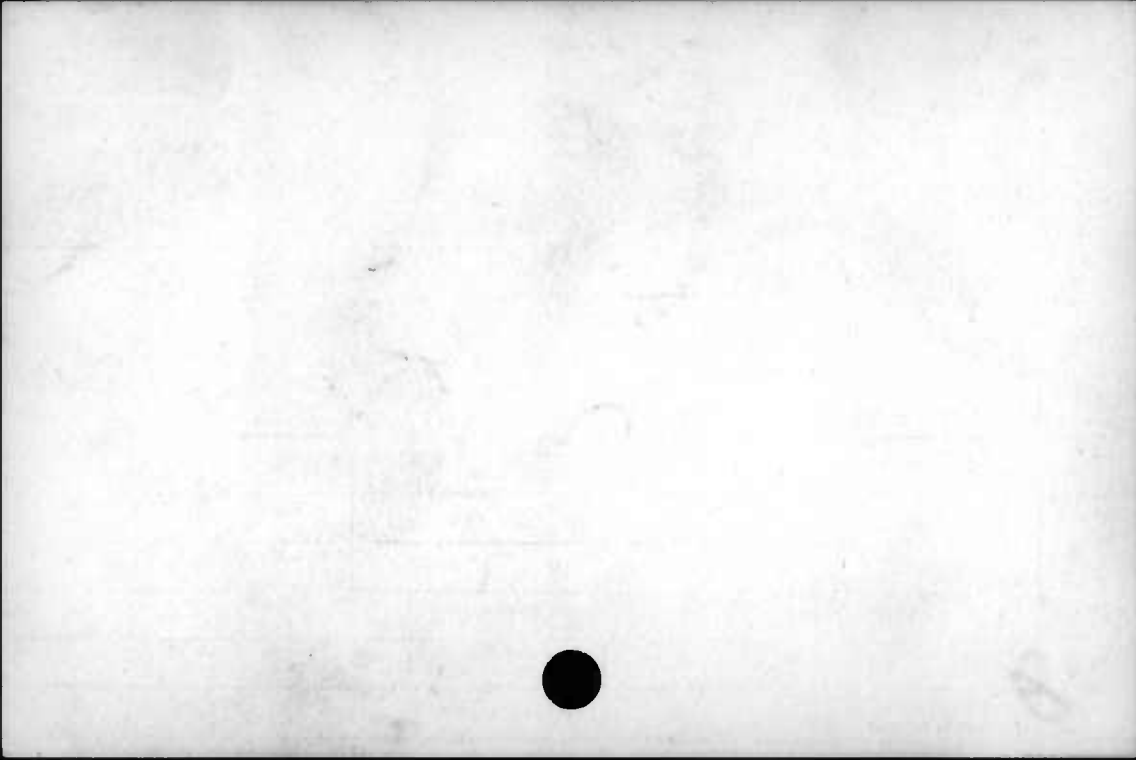
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Influenza + complications</u>	How long <u>Five days</u>
Immediate	<u>Heart Failure</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Ridout</u>
<u>Yes</u>		Address <u>Annapolis Md</u>
Accident or Suicide? <u> </u>		



Name in Full Emily Smith		Town Annapolis		County At		STATE OF MARYLAND	
Died at Annapolis		Date of death 1907 Jan 27th		Age 61		Months 1	
Sex Female		Color or Race Colored		Birth-place Annapolis		Days 3	
Occupation Lantern		Where Residing if not at place of death					
Married, Single or Widowed Widowed		Name of Wife or Husband blem Smith					
Father's Name Charles Wooten		Father's Birthplace At Co. Md					
Mother's Maiden Name Margaret Wooten		Mother's Birthplace At Co. Md					
Name of person giving information J. W. Jackson		How related to deceased Son					
CAUSES OF DEATH							
Primary Valvular Disease		How long Several Months					
Immediate Of the Heart		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout					
Yes		Address Annapolis Md					
Accident or Suicide?							



Name
in
Full

Eva C. Smith

CERTIFICATE OF DEATH

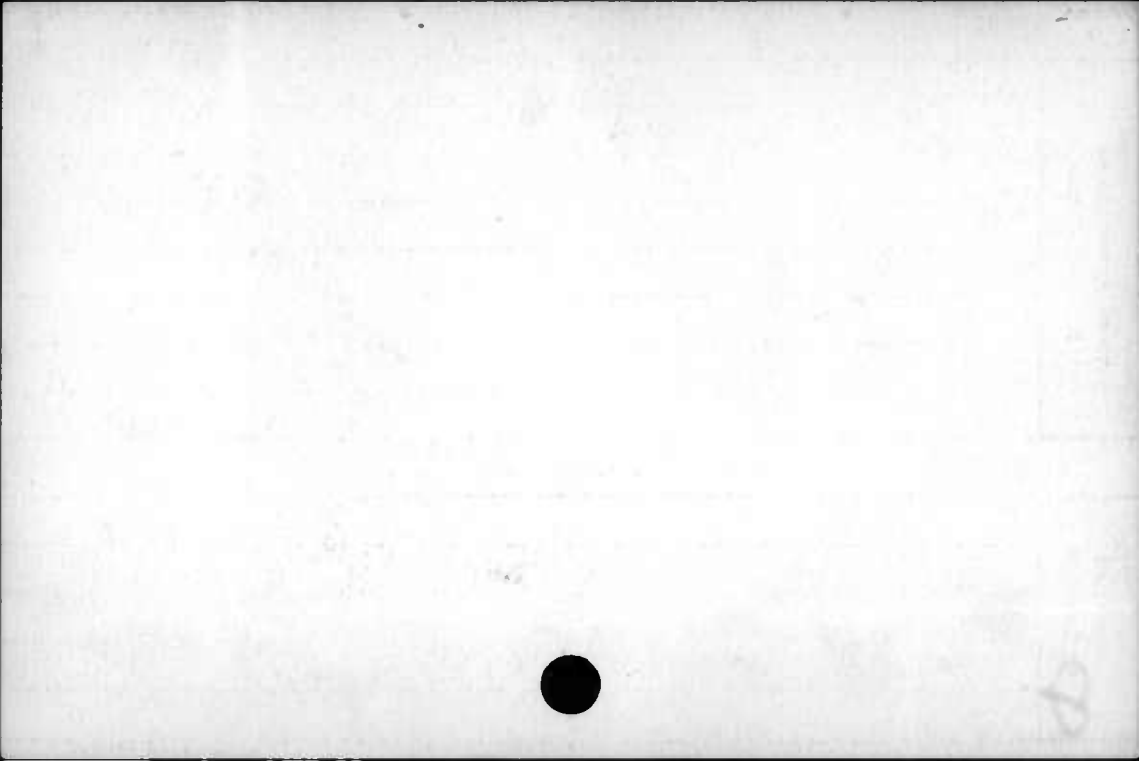
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brooklyn</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	1907	Month	January	Day	7 th
Age		Years		Months	4
Sex	Female	Color or Race	White	Birth-place	Brooklyn, Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Robt. D. Smith		Father's Birthplace		
Mother's Maiden Name	Rose Lilly Arnold		Mother's Birthplace		
Name of person giving information	Robt. D. Smith		How related to deceased		
			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia	How long	one week
Immediate	Heart Failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Thos. B. Horton (M.D.)
		Address	303 Balto. Md
Accident or Suicide?			



Name
in
Full

Hannah Smith

CERTIFICATE OF DEATH

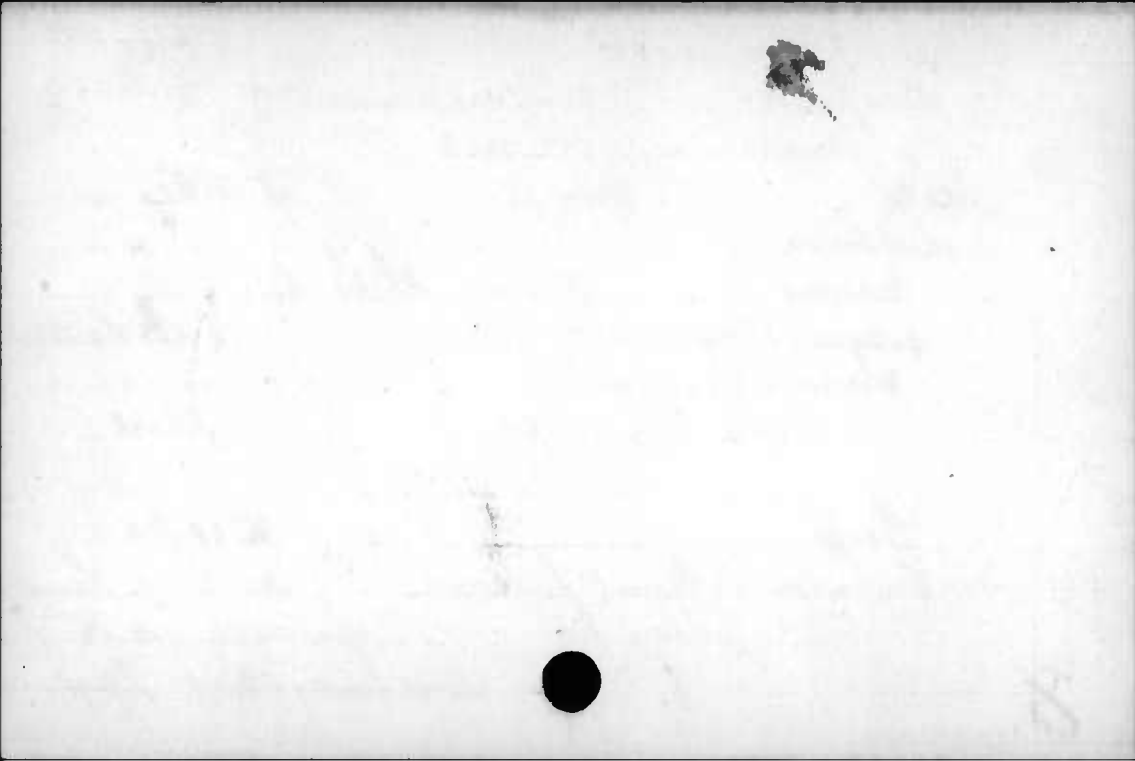
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>Ann Arundel</u> ^{County}		MARYLAND	
Date of death	<u>2nd</u> ^{Month}	<u>Jan</u> ^{Day}	<u>2</u> ^{Years}	<u>15</u> ^{Months}	<u></u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Unknown</u>
Occupation	<u>Unknown</u>		Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>✓</u>			
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Unknown</u>
Name of person giving information	<u>Miss Jenkins</u>			How related to deceased	<u>No relation</u>

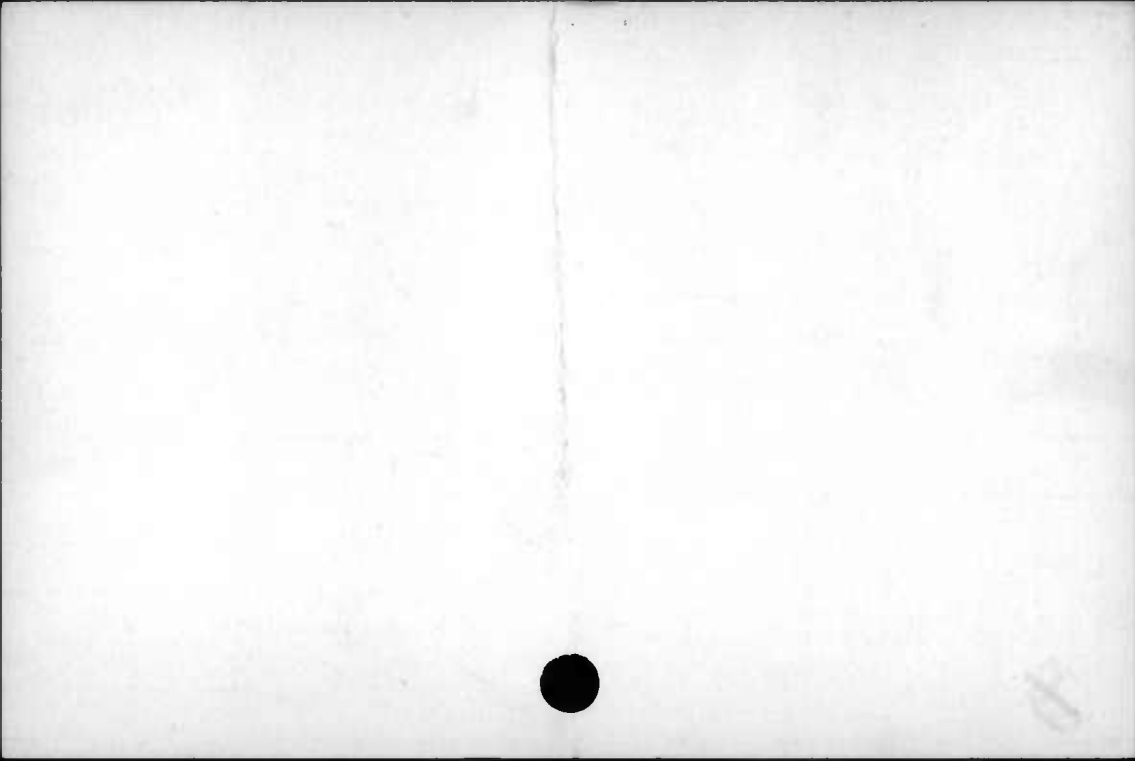
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bright's disease</u>	How long	<u>2. Years</u>
Immediate	<u>Heart Failure</u>	How long	<u>2 days.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Joseph M. Haring</u>
		Address	<u>Church St.</u>
			<u>Annapolis Md</u>
Accident or Suicide?	<u></u>		



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Benfield</i> Town		County <i>Anne Arundel</i>		
		Date of death <i>1907 Jan.</i>		Day <i>8</i>	Age <i>46</i>	Months <i></i> Days <i></i>
		Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>A.A.Co.</i>		
		Occupation <i>Labourer</i>		Where Residing if not at place of death <i></i>		
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nancy Shorter</i>			
		Father's Name <i>Isaac Snowdon</i>	Father's Birthplace <i>A.A.Co. Md.</i>			
		Mother's Maiden Name <i>Sarah Snowdon</i>	Mother's Birthplace <i>" " "</i>			
		Name of person giving information <i>Rich. Edwards</i>		How related to deceased <i>None</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Snip -</i>	<i>10</i>		How long <i>2 wks -</i>		
	Immediate <i>Convulsion - Heart failure</i>			How long <i>one half hour</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>H. B. Gandy M.D.</i>			
	<i>8</i>		Address <i>Millsville Md.</i>			
Accident or Suicide? <i></i>						



Name
in
Full

Mable Sellers

CERTIFICATE OF DEATH

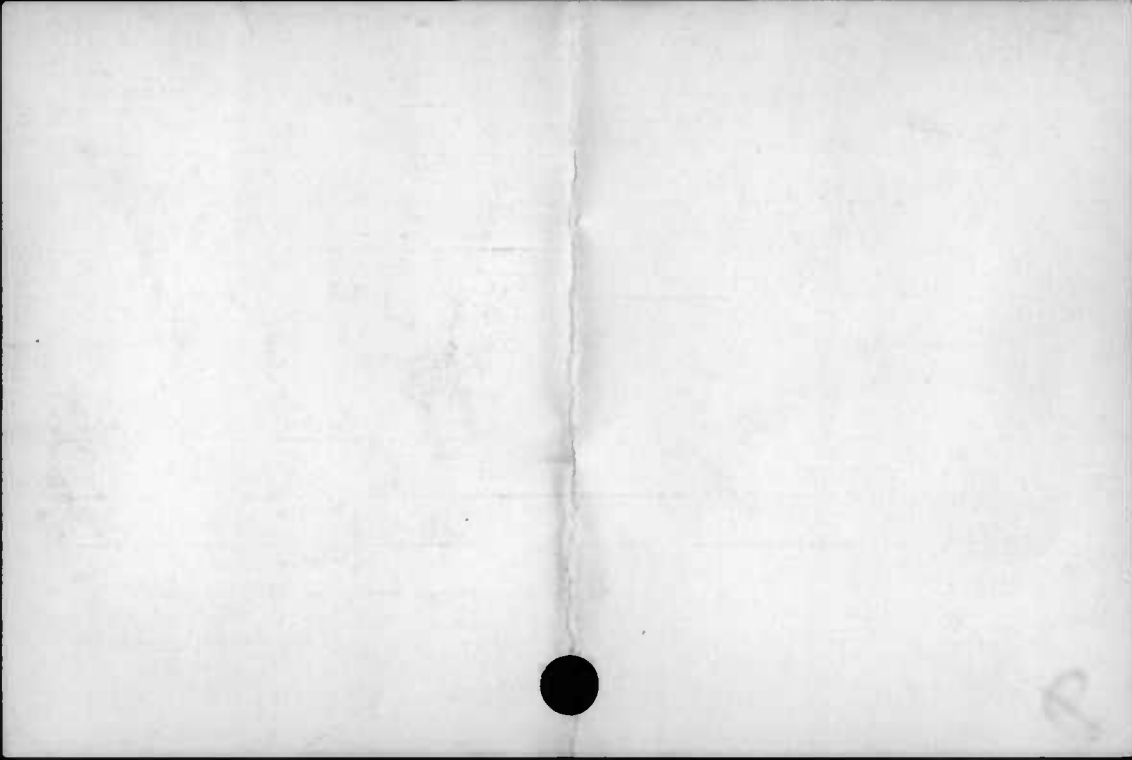
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bristol</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	1907	Month	Jan	Day	20
Age	6	Years		Months	2
Sex	Female	Color or Race	Colored	Birth-place	Bristol
Occupation	Where Residing if not at place of death 11				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Sellers			Father's Birthplace	Bristol
Mother's Maiden Name	Trisalla Evans			Mother's Birthplace	Bristol
Name of person giving information	Chas E Sellers			How related to deceased	Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	2 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Reynolds Sasser	
		Address Upper Marlboro	
Accident or Suicide?			



Name
in
Full

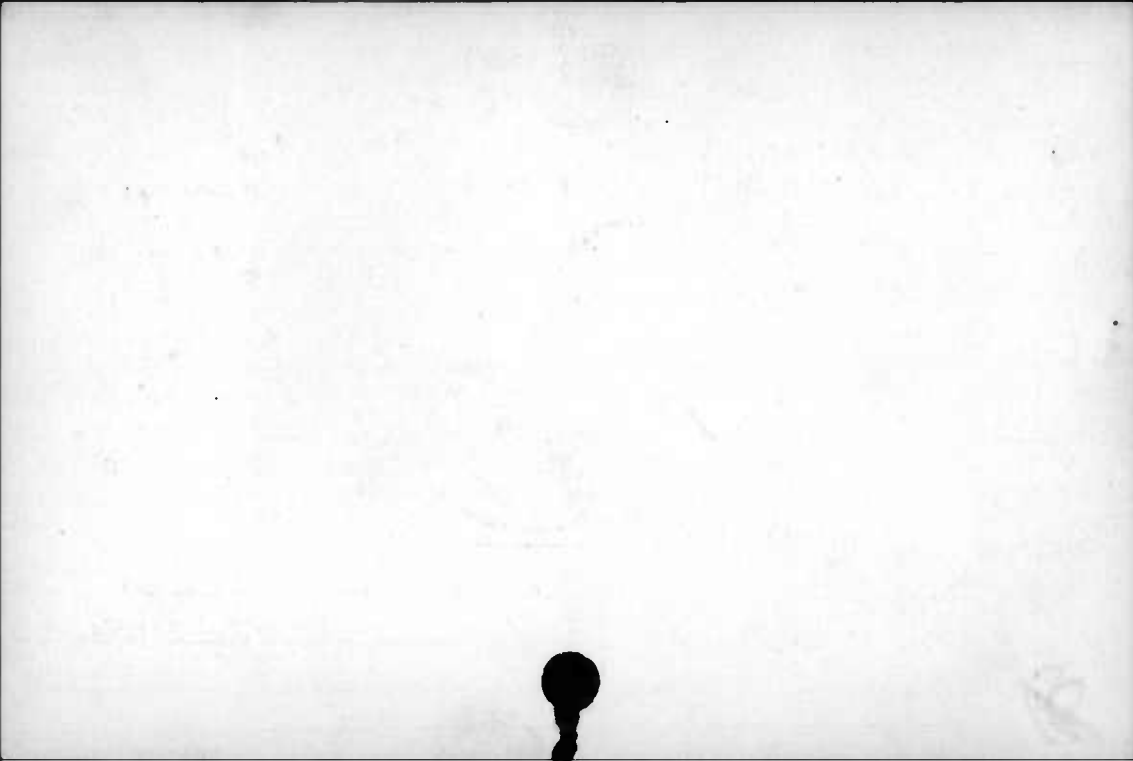
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death		1907	Jan 24	88	10	10	
Sex	Male	Color or Race	White	Birth-place	Annapolis		
Occupation	Retired			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	John B Taylor			How related to deceased			
			Sons				

CAUSES OF DEATH

Primary	Severely	How long	—
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. Clement Lande M.D.	
Address		9 St. John St. Annapolis. Md	
Accident or Suicide?		—	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Joseph Sherbert Taylor</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Annapolis</i>		Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>26th</i>	
Age <i>26</i>		Years <i>26</i>		Months <i>11</i>		Days <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Annapolis</i>			
Occupation <i>Printer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bertha Woods Taylor</i>					
Father's Name <i>James S. Taylor</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Annie V. Sherbert</i>		Mother's Birthplace <i>A. A. Co</i>					
Name of person giving Information <i>Jas Taylor</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>2 yrs or more</i>	
Immediate <i>Exhaustion from hemorrhage</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Clement Claude M.D.</i>	
Address <i>9 St. John St</i>		Address <i>Annapolis, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Annie Serena Thomas

CERTIFICATE OF DEATH

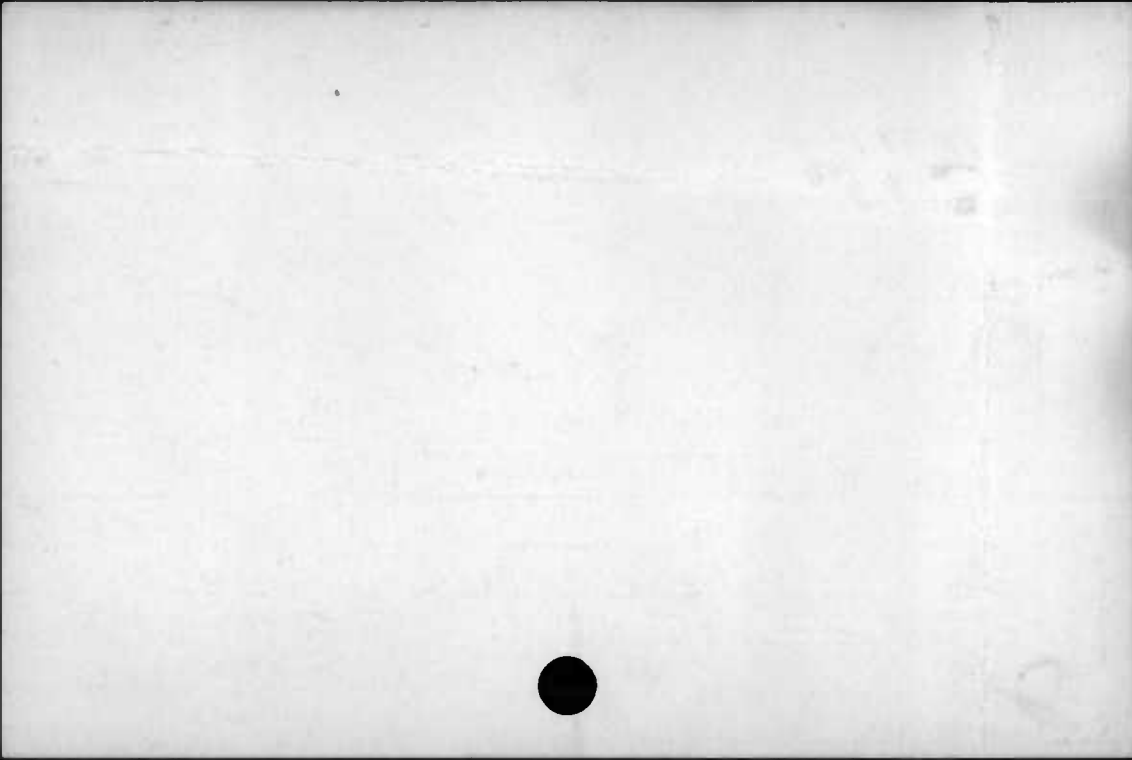
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elrator</i> ^{Town} <i>P.O.</i>		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan.</i>	Day <i>14</i>	Age <i>2</i>	Months <i>7</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co.</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Daniel Thomas</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Alberta Kelley</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Daniel Thomas</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho-pneumonia</i>	How long <i>5 days</i>
Immediate	<i>Heart Exhaustion</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Bellinger M.D.</i>
		Address <i>Armyer Md.</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

Harriet Tyler

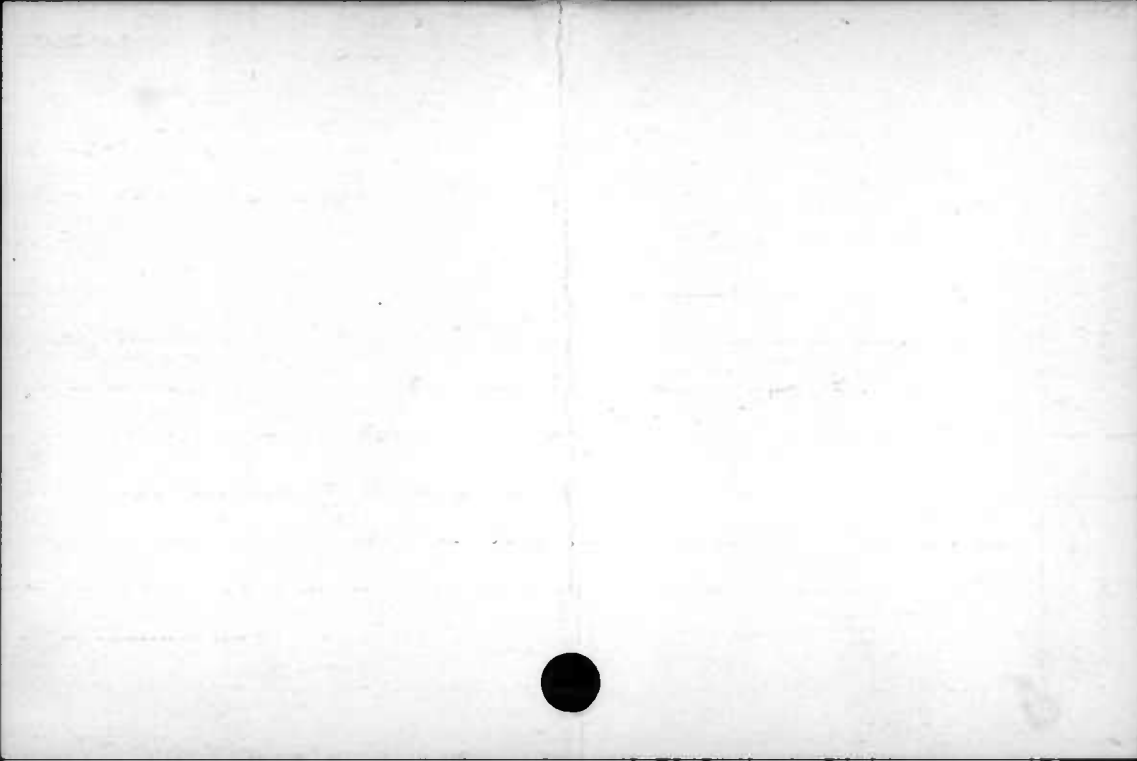
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Harman <small>Town</small>		Anne <small>County</small>		MARYLAND	
Date of death 1907	Month Jan	Day 15	Age 30	Months	Days
Sex Female	Color or Race Black	Birth-place Atco Md			
Occupation Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Fletcher Tyler			
Father's Name Unknown		Father's Birthplace Unknown			
Mother's Maiden Name Unknown		Mother's Birthplace Unknown			
Name of person giving information Emma Hawkins		How related to deceased Friend			

CAUSES OF DEATH

Primary Phthisis	How long 1 year
Immediate Heart Failure	How long 1 hour
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician C R Winslow
	Address Harman Md
Accident or Suicide?	



Name
in
Full

Edna Viola Vincent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Annapolis* Town*A.A.* County

MARYLAND

Date

of death

1

907

Month

Jan

Day

28

Years

Age

1

Months

9

Days

Sex

*female*Color or
Race*Colored*Birth-
place*Annapolis*

Occupation

Where Residing if not
at place of death*Warters Street*~~Married, Single~~
~~or Widowed~~~~Name of Wife or~~
~~Husband~~Father's
Name*William Vincent*Father's
Birthplace*Washington D.C.*Mother's
Maiden Name*Maggie Mathews*Mother's
Birthplace*Warters Street*Name of person giving
Information*Maggie Vincent*How related
to deceased*Mother*

CAUSES OF DEATH

(90)

Primary

capillary Bronchitis

How long

Five days

Immediate

Suffocation

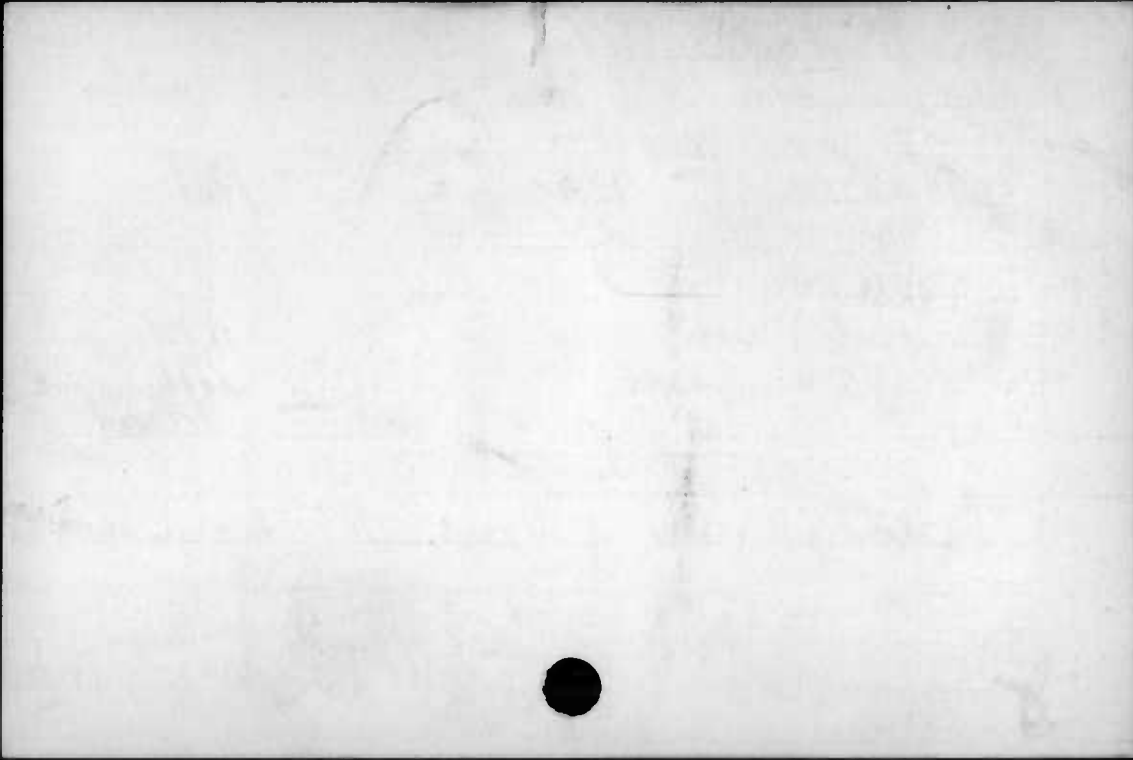
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*John Ridout, M.D.*

Address

*Annapolis**Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

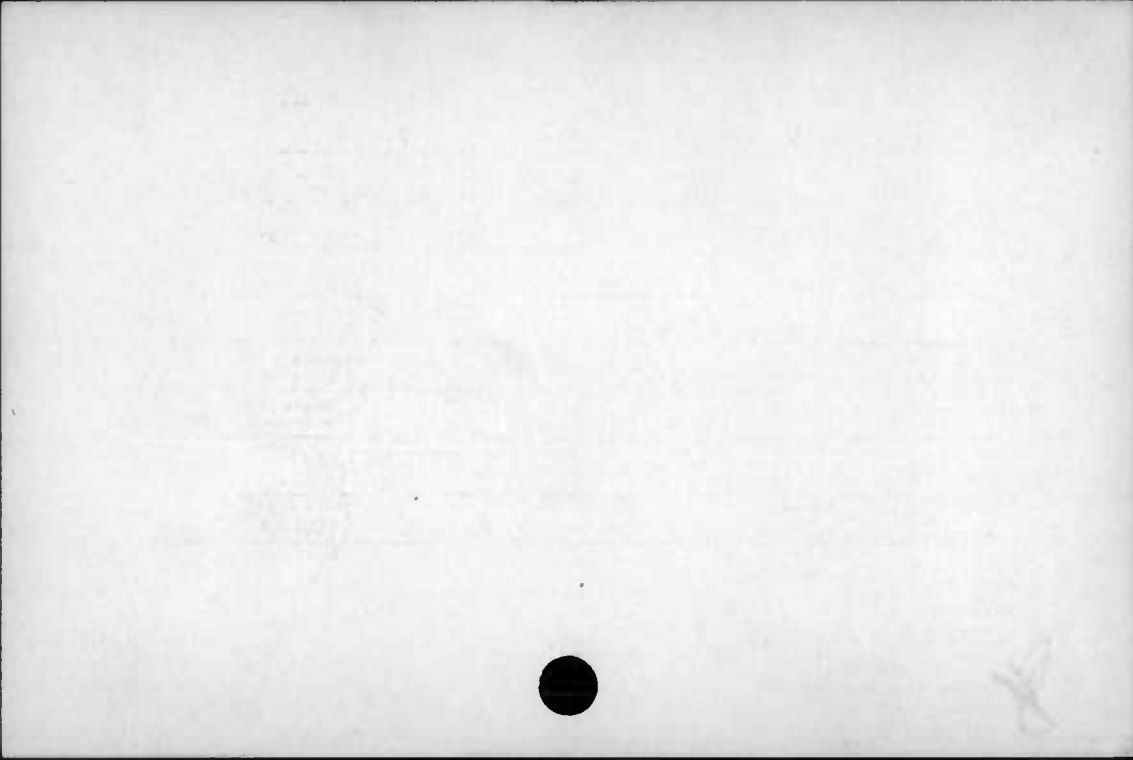
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greenock</i> <small>Town</small>		<i>Stone</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan.</i>	Day <i>23</i>	Age <i>88</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Farmer (Retired)</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary Welch</i>				
Father's Name <i>John Welch</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Mary Owens</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>John Shepherd</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>Several months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Perrie</i>
	Address <i>McKendree, Ind.</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Port</i> Town		County <i>a a</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>20</i>	Age	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>East Port</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John H. Wheeler</i>		Father's Birthplace <i>A. A. Co. Ind</i>			
Mother's Maiden Name <i>Mary L. Lewis</i>		Mother's Birthplace <i>Annapolis Md</i>			
Name of person giving information <i>John H. Wheeler</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>15</i>
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Murphy</i>
Accident or Suicide?	Address <i>Annapolis</i>



Name
in
Full

CERTIFICATE OF DEATH

Name *Charles E. Woodward*

Town *Annapolis* **County** *Prince George's* **STATE** *MARYLAND*

Died at *Annapolis*

Date of death *1907* **Month** *June* **Day** *2* **Year** *1907* **Age** *9* **Months** *0* **Days** *0*

Sex *Male* **Color or Race** *Colored* **Birthplace** *A.A.Co.*

Occupation *School Boy* **Where Residing if not at place of death** *867 Howard St.*

Married, Single or Widowed *Single* **Name of Wife or Husband** *[Redacted]*

Father's Name *Edward Woodward* **Father's Birthplace** *A.A.Co.*

Mother's Maiden Name *Rachael Thomas* **Mother's Birthplace** *A.A.Co.*

Name of person giving information *Edward Woodward* **How related to deceased** *father*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Pneumonia* **How long** *18 days*

Immediate *Convulsion* **How long** *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P. C. [Redacted]* **Address** *60 Cathedral St. Annapolis Md*

Accident or Suicide? *[Redacted]*

PHYSICIAN
OR CORONER

